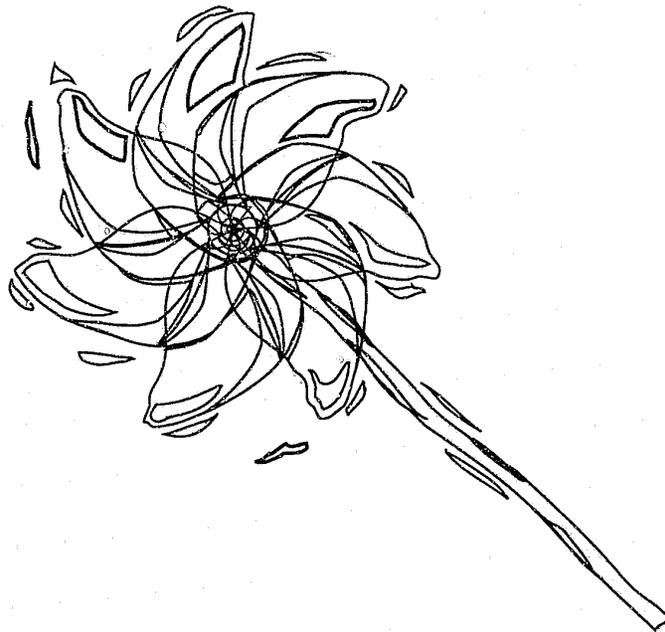




# Child Victim Witness Investigative Pilot Projects

**Research and Evaluation  
Final Report**

156960



**July 1994**

**California Attorney General's Office  
Daniel E. Lungren, Attorney General**

156960

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**California Attorney General's Office**  
**Daniel E. Lungren, Attorney General**

The artistic rendering of the pinwheel used in this publication was inspired by the larger-than-life pinwheels displayed at the Sacramento County Multi-Disciplinary Interview Center.



# Child Victim Witness Investigative Pilot Projects

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Honorable Daniel E. Lungren  
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Dear Attorney General Lungren:

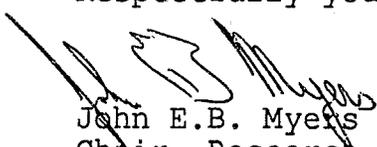
On behalf of your Research and Evaluation Advisory Panel, it is a pleasure to forward to you the Panel's final report on the three-year Child Victim Witness Investigative Pilot Projects carried out in Sacramento and Orange counties.

The pilot projects were designed to test the use of a multidisciplinary approach to investigating child sexual abuse. In particular, the pilot projects tested the efficacy of a multidisciplinary interview center where children are interviewed by highly trained child interview specialists, where interviews are videotaped, and where cases are reviewed by multidisciplinary teams.

I am pleased to report that the pilot projects were very successful. As implemented in Sacramento and Orange counties, the multidisciplinary interview centers succeeded in eliminating unnecessary repetitive interviews of children, streamlining investigative practices, improving the truth-finding process, and protecting the rights of children, their families, and the accused.

Your Research and Evaluation Advisory Panel recommends that counties throughout California consider creating multidisciplinary interview centers.

Respectfully yours,

  
John E. B. Myers  
Chair, Research and  
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Panel

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## Jennifer Had A Restless Night

Jennifer had a restless night. Over breakfast her mom tried to reassure her that things would be okay. Jennifer knew that her job today was to tell the truth. The truth would be hard to tell. It would be embarrassing. Jennifer hoped someone could help her tell it. After all, she was only eight.

There had been many changes for Jennifer in the last few days. She felt unsure and anxious. Police officers had been to her home, her father was gone, and her mom kept crying all the time.

As they started to leave the house, Jennifer ran back upstairs and grabbed her teddy bear. She held him tight. He would stay with her during the interview.

When they arrived, Jennifer was surprised by the rainbow colors and stuffed animals. A social worker met them at the door and gave Jennifer and her mom a tour of the Interview Center. The social worker showed her the interview room and told her who would talk to her and what to expect.

Later, when all of her questions had been answered and she was ready, the social worker took her to the interview room. A child interview specialist greeted them. When Jennifer appeared comfortable, the social worker left Jennifer and the interviewer alone.

A detective, a child welfare social worker and a prosecuting attorney had already talked to the interviewer about the case. They would watch the interview from behind a one-way glass. Jennifer knew people were watching. They didn't want her to have to tell her story over and over.

Jennifer sat at a small table and colored as the interviewer asked questions. The interviewer seemed nice and Jennifer could understand her. Jennifer began to tell how her father had touched her. As she talked, the people behind the one-way glass made notes.

Jennifer was given a short break and a snack halfway through the interview. During the break the interviewer met with the other professionals for feedback on any additional information they might need. The interview resumed and this information was gathered.

As the interview ended, Jennifer was told she could ask any questions she might have. She was also encouraged to call the interviewer if she remembered anything else or had questions later.

After the interview, the professionals discussed their plans for ensuring that Jennifer was protected and her needs met. The child welfare social worker would provide counseling referrals. The detective would contact witnesses. A medical examination would be scheduled. The prosecuting attorney would file charges.

The detective met with Jennifer's mom to discuss the findings and their plans. Jennifer's mother was also given information on how best to support Jennifer. During this time, the interviewer spent time with Jennifer playing a game.

When it was time to go, Jennifer was given a new stuffed animal and thanked for her hard work. A relieved Jennifer decided to name her stuffed animal, Emma, after the interviewer.

I have seen children walk in with  
a frown and leave with a smile.

*- Child advocate describing the  
multidisciplinary interview centers.*

## Executive Summary

"Child abuse is one of the most difficult crimes to detect and prosecute, in large part because there often are no witnesses except the victim."

U.S. Supreme Court, 1987

"When the crime is child sexual abuse, . . . a conviction hinges often on the words of children."

Ninth U.S. Circuit Court of Appeals, 1993

Child sexual abuse is often exceedingly difficult to prove. Molestation occurs in secret, and the child is usually the only eyewitness. Medical evidence of abuse exists in only a fraction of cases. Thus, in many instances the child's description of abuse is the most important evidence. When suspicion of abuse comes to light, authorities initiate the complex task of investigation. The most important and demanding aspect of the investigation is often the interview of the child.

In 1989 the California Legislature determined that there was a continuing need to improve the system for investigating child sexual abuse and, in particular, the system for interviewing children. The Legislature sought to improve the treatment of children involved in investigations, enhance the quality of interviewing, and protect the rights of persons accused of child abuse. To achieve these goals, the Legislature authorized the California Attorney General to establish up to three county pilot projects to test the efficacy of multidisciplinary interview centers where children are interviewed by highly trained interview specialists, and where cases are evaluated by multidisciplinary teams comprised of representatives from all agencies involved in the investigation.

Three counties were selected as pilot projects: Sacramento, Orange, and San Francisco. Unfortunately, San Francisco did not fulfill the requirements established for the projects, and had to be discontinued as a pilot county. Sacramento and Orange counties completed the three-year pilot project, and this report focuses on Sacramento and Orange counties.

To evaluate the utility of the multidisciplinary approach to investigating child abuse, the Attorney General established a Research and Evaluation Advisory Panel to evaluate the pilot projects. This Report constitutes the Advisory Panel's formal evaluation.

The Sacramento and Orange County pilot projects were successful, and their success lends strong support to the utility of multidisciplinary interview centers to investigate child sexual abuse. The pilot projects demonstrate that multidisciplinary interview centers can change aspects of the investigative process that are believed to traumatize children.

### Reducing Trauma to Children

Experts generally agree that children can be traumatized by multiple unnecessary interviews conducted by multiple professionals. The pilot project multidisciplinary interview centers played the decisive role in lowering the number of interviews and the number of interviewers. This is so for four reasons. First, the pilot projects employed highly trained interview specialists who are adept at helping children reveal their experiences. Second, child interview

specialists understand the diverse needs of investigating agencies, and obtain the information needed by each agency, thus reducing the need for further interviews. Third, at a multidisciplinary interview center, interviews are observed from behind a one-way glass by representatives of investigative agencies and, during a break in the interview, additional questions are suggested to the interviewer. Last, but far from least, multidisciplinary interview centers are designed with children in mind, and are filled with toys, posters, child-sized furniture, and friendly people, all of which put children at ease and help them cope with the often difficult task of telling.

## **Multidisciplinary Interview Centers Require Commitment and Leadership**

A multidisciplinary interview center is not self-sustaining. Successful creation and operation of a center is possible only when investigative agencies have a deep and abiding commitment to interdisciplinary cooperation. Moreover, success depends on able leadership, particularly from agency administrators and the director of the center. Although there are bumps and detours along the road to successful multidisciplinary investigation, the experience in Sacramento and Orange counties demonstrates that the journey is worth the effort.

## **The Benefits of Videotaping Investigative Interviews Outweigh the Drawbacks**

The Sacramento and Orange County pilot projects videotaped investigative interviews. Contrary to the expectations of many, videotaping had few negative consequences. On the contrary, most professionals working with the pilot projects were enthusiastic about videotaping, and expressed the desire to continue videotaping interviews in the future.

## **Training is Essential to Success**

The heart of the multidisciplinary interview center is the child interview specialist. The interview specialist has the demanding responsibility of eliciting accurate information from children, many of whom are traumatized. Although the professionals who seek to become child interview specialists are already experienced interviewers, they lack the depth of training required for this difficult assignment. In particular, neophyte child interview specialists benefit from intensive start-up training on child development, forensically defensible interviewing, and the informational needs of the agencies involved in the investigation.

The child interview specialist is not the only one who needs start-up training. The interdisciplinary model is new to most professionals working in child abuse investigation, and these professionals--law enforcement, social work, prosecution--should be included in the training process. Training for these professionals focuses primarily on the nature of multidisciplinary teamwork.

Intensive start-up training is just the beginning. The knowledge base in child development, child abuse, interviewing, and investigation changes rapidly, and on-going training is essential for all professionals working in the investigative process.

## **Multidisciplinary Team Review**

One of the essential components of a multidisciplinary interview center is the multidisciplinary team of professionals that reviews cases and makes appropriate recommendations. The multidisciplinary team is the glue that holds the interview center together.

## **Referral for Medical, Mental Health, and Related Services**

Some sexually abused children should receive a medical evaluation performed by an expert examiner. Additionally, sexually abused children often benefit from mental health treatment and other social services. The multidisciplinary interview center, with its multidisciplinary team review, can increase the proportion of children receiving necessary services.

## **Conclusion**

Investigating child sexual abuse will always be difficult, and the multidisciplinary interview center is not a panacea. Nevertheless, the multidisciplinary interview center is a major improvement over the traditional approach to investigating child sexual abuse.

## References

Pennsylvania v. Ritchie, 480 U.S. 39, 60 (1987).

Swan v. Peterson, 6 F.3d 1373, 1377 (9th Cir. 1993).

## Recommendations of the Research and Evaluation Advisory Panel

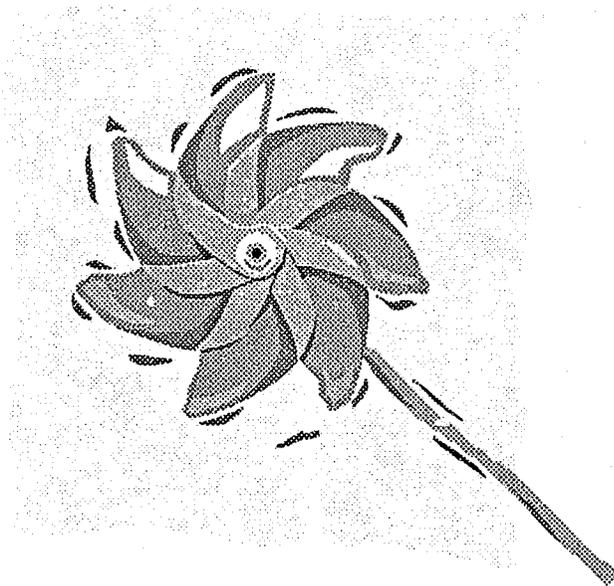
The Research and Evaluation Advisory Panel concludes that multidisciplinary interview centers are a significant improvement over the traditional system for investigating child sexual abuse. The Panel strongly recommends that counties consider establishing multidisciplinary interview centers that: (1) adhere to the model described in this report, and (2) meet the unique needs of the county.

The Research and Evaluation Advisory Panel makes the following specific recommendations:

1. The Panel recommends that comprehensive interviews in child sexual abuse investigations be conducted by specially trained child interview specialists.
2. The Panel recommends that child interview specialists receive extensive start-up and on-going training on child development, forensically defensible interviewing, and the informational needs of investigative agencies.
3. The Panel recommends that children be interviewed in a child-friendly setting.
4. The Panel recommends that professionals from investigative agencies: (1) coordinate their information needs prior to the interview conducted by the child interview specialist, (2) observe the interview from behind a one-way glass, (3) have an opportunity, during a break in the interview, to suggest further questions to the interviewer, (4) coordinate the investigation immediately following the interview, and (5) consider the need for mental health and other support services and make appropriate referrals.
5. The Panel recommends that investigative agencies establish protocols for interviewing children in child sexual abuse cases.
6. The Panel recommends that a child advocate be available at the multidisciplinary interview center to support the child before and after the interview.
7. The Panel recommends that investigative interviews conducted at well run multidisciplinary interview centers be videotaped. This recommendation does not pertain to therapy sessions with children. The Panel recommends that therapy sessions not be videotaped unless videotaping is done for therapeutic reasons.
8. The Panel recommends that protective orders be issued by the Court to protect the confidentiality of videotaped interviews.
9. The Panel concludes that a multidisciplinary interview center needs a lead agency, and recommends that the District Attorney's Office is ordinarily in the best position to assume this role.
10. The Panel recommends that each multidisciplinary interview center have a director to oversee daily operation of the center. The Panel believes that the success or failure of a center depends, in large measure, on the skill of the director; therefore, the Panel recommends that counties take special steps to employ the most highly qualified and dedicated person to serve as center director.

11. The Panel recommends that three multidisciplinary teams be formed to operate and supervise the multidisciplinary interview center: (1) a policy-level team to set policy for the center, (2) a mid-level management team to work with the director of the center regarding day-to-day operation of the center and to periodically review cases, and (3) a line-level multidisciplinary team to review cases immediately following interviews to make recommendations regarding further investigation, litigation, and provision of appropriate services.
12. The Panel recommends that investigative agencies establish interagency agreements for investigating child sexual abuse.
13. The Panel concludes that successful operation of a multidisciplinary interview center requires mandatory participation by all investigative agencies. The Panel recommends that agreements between agencies require that investigators use the center in child sexual abuse cases.
14. The Panel recommends that medical evaluations be conducted by medical professionals with expertise in diagnosing and treating child sexual abuse.
15. The Panel recommends that California certify professionals who complete requirements established by the State for child interview specialists.
16. The Panel recommends the creation of a child interview specialist classification in county government.
17. The Panel recommends enactment in California of legislation similar to Federal legislation that protects the results of state funded research from discovery in legal proceedings. (See 42 U.S.C. § 3789g; 28 C.F.R. Part 22).
18. The Panel recommends that a uniform data collection system be established at multidisciplinary interview centers to track cases and provide case management information.

# Final Report



# Chapter 1

## Introduction

In recent years, the way children are interviewed about abuse has come under increasing scrutiny. Two aspects of the interview process raise particular concerns. The first troublesome aspect of interviewing is that too often too many children are interviewed too many times by too many professionals. When sexual abuse is suspected, children may be interviewed by law enforcement, social services, medical professionals, attorneys, and others. The consensus of expert opinion is that multiple interviews by different interviewers causes trauma for many children (California Attorney General's Office, 1988; Jauders & Martone, 1992). Moreover, multiple interviews increase the likelihood that children will give inconsistent versions of events, and inconsistency is often interpreted as undermining children's credibility.

The second concern about interviewing relates to the suggestibility of young children. Many people fear that little children are highly suggestible, and that if interviewers ask suggestive or leading questions during interviews, children will describe abuse that never occurred.

Children's suggestibility is complex. Although psychological research reveals that young children — particularly preschoolers — can be more suggestible than older children and adults, research also discloses that young children are not invariably suggestible. Moreover, children do not have a monopoly on suggestibility. Given the right circumstances, adults are suggestible too. Nevertheless, there is no denying the concern over children's suggestibility and the effect of suggestive and leading questions during interviews.

Thus, interviewing raises the twin issues of the accuracy of children's statements and the psychological effect of multiple interviews. Fortunately, California has responded to the challenge presented by these issues. With leadership from the Legislature, the Attorney General, prosecutors, and others, progress has been achieved. A major landmark in this progress is the 1988 Final Report of the California Child Victim Witness Judicial Advisory Committee (California Attorney General's Office, 1988). In its Report, the Committee recommended, among other things, creation of multidisciplinary centers to interview children who may be abused. The Legislature responded quickly to the Committee's recommendation, and, in 1989, the Legislature enacted the California Child Victim Witness Pilot and Demonstration Program, which required the Attorney General to establish up to three pilot projects to implement and evaluate multidisciplinary interview centers. The 1989 legislation also created a Research and Evaluation Advisory Panel (REAP) to evaluate the investigative pilot projects. The Attorney General selected Sacramento and Orange counties to conduct three-year pilot projects using multidisciplinary interview centers.<sup>1</sup> The present report describes the REAP's evaluation of the Sacramento and Orange county pilot projects.

The bulk of the present report describes the largely successful implementation of multidisciplinary interview centers in Sacramento and Orange counties. One dimension of this success is the extent to which the Sacramento and Orange County pilot projects increased the percent

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<sup>1</sup> San Francisco was also selected as a pilot project county. Unfortunately, the San Francisco pilot was not successful in meeting the requirements of the project and was discontinued.

of children receiving mental health and other services. (See chapter 5). Although multidisciplinary interview centers can increase services for children and families, interview centers cannot provide services that do not exist. In this regard it is important to describe a serendipitous finding from the pilot projects. In 1993, at the end of the three-year pilots, professionals in Sacramento and Orange counties completed a lengthy Project Survey Questionnaire. The questionnaire was filled out by social workers, child interview specialists, prosecutors, and law enforcement officers. Of course, it is social workers and law enforcement officers who have the most day-to-day contact with abused children and their families. These professionals are literally in the homes of abused and neglected children, where they see first hand the consequences of child abuse and neglect. More than any other professionals, social workers and law enforcement officers are uniquely situated to observe the effectiveness of government systems designed to help children, particularly poor children.

The 1993 Project Survey Questionnaire asked the following question:

"Since the beginning of 1991, have government systems for the protection of children in your county generally gotten better or worse?"

Although most professionals were positive about the multidisciplinary approach to investigation, social workers, law enforcement officers, and child advocates pointed out over and over again that social and support services for children and families are deteriorating. The comments of the professionals "in the trenches" of child protection speak volumes:

"Case loads are higher and social workers have less time to provide family interventions and support."

– Social Worker

"The severity of the cases coming through has increased."

– Social Worker

"With budget cuts, the time spent with children and their families, including services has declined."

– Law Enforcement Officer

"Limited community agencies to prevent child abuse, and fewer agencies to refer parents to for counseling, drug rehab, etc. Juvenile court also appears to be sending children home sooner than they should be."

– Social Worker

"Budget cuts do affect the agencies caring for children, kids are falling through the cracks."

– Child Advocate

"Things are worse due to a significant decrease in staff. There are simply not enough social workers to provide the time needed to adequately help today's children and their families."

– Social Worker

"Conditions are worse because of budget cutback effect on social services."

– Law Enforcement Officer

"I see more and more of the 'minor' cases not being addressed. I see only the slam dunk cases being actively prosecuted. I see morale diminishing in many areas."

– Law Enforcement Officer

"I am less satisfied with my employment due to the increase in highly dysfunctional families and the amount of children at greater risk proportionate with the average size caseload. The majority of families fit this criteria."

– Social Worker

"I believe that government systems have gotten worse over the last two years. Cut-backs have killed a lot of great programs."

– Child Advocate

These front line professionals send a clear message that deserves to be heard: Improving the investigative system is important, and the multidisciplinary interview center is a step in the right direction. Nevertheless, improvements in investigation do not address the root causes of abuse and neglect. California's budget crisis and resultant cut backs in social programs hurt children.

## References

California Attorney General's Office, *California Child Victim Witness Judicial Advisory Committee Final Report* (1988).

Jauders, P.K. & Martone, M. (1992). Interdisciplinary Evaluations of Alleged Sexual Abuse Cases. *Pediatrics*, 89, 1164-1167.

## Chapter 2

# California's Decade-Long Effort to Improve Investigation of Child Abuse

This research and evaluation report is the culmination of a decade-long effort to improve the response to child victims of sexual and physical abuse. In 1984, the California Attorney General appointed the Commission on the Enforcement of Child Abuse Laws and charged the Commission to recommend ways to improve law enforcement. Specifically, the Commission was charged to: (1) recommend improvements in the investigation, prosecution, and prevention of child abuse, (2) recommend improvements in the detection and prevention of child abuse, and (3) recommend legislative and regulatory initiatives at the federal, state, and local levels to better prevent, detect, investigate, and prosecute child abuse.

The Commission was made up of experts from the judiciary, law enforcement, prosecution, social services, medicine, education, and the prevention and treatment communities. In 1985, after extensive public hearings and deliberations, the Commission released a report containing a complete overview of California's systems for the reporting, investigation, prosecution, and prevention of child abuse and for licensing child day care facilities (*Commission on the Enforcement of Child Abuse Laws, 1985*). The report contained 85 recommendations for improving the response to child abuse. Action was taken to implement 80 of these recommendations.

During the course of its deliberations, the Commission concluded that the most pressing issue of the day was the management of child victim witnesses in investigative and judicial proceedings. The Commission found that there were serious system problems interfering with a sensitive and effective response to child victims. As stated by the Commission chair:

"We were disappointed in our systems, for while it is apparent that we mean well, it is also obvious that the child victim is too frequently victimized by the systems. The professionals are narrowed by specialization and the bureaucracies have diverse processes, varying priorities, and heavy caseloads."

The Commission made many important recommendations to coordinate investigations, streamline prosecutions, and reform courtroom management for child victims. Many Commission members and staff concluded, however, that entrenched structural problems caused trauma to child victims and a breakdown in the truth-finding process.

The Commission was particularly concerned with the experience of young sexual abuse victims as witnesses in criminal court proceedings and the frequent lack of coordination between criminal proceedings and related civil proceedings. Believing it had not adequately addressed this concern, the Commission recommended legislation to "establish a child victim's court pilot project."

In considering this recommendation, the Attorney General concluded that a detailed study was necessary to examine structural problems in legal and judicial processes involving child victims. The Attorney General also concluded, after consultation with experts, that this study should include the investigative process as well as the judicial process.

## California Child Victim Witness Judicial Advisory Committee

In response to the Commission's recommendation, in 1986 the California Attorney General's Office sponsored the California Child Victim Witness Protection Act, which established the Child Victim Witness Judicial Advisory Committee (Senate Bill 2530, Chapter 1282, Statutes of 1986). The purpose of this 20-member multidisciplinary advisory committee was to study investigative and judicial practices as they pertain to child victims and witnesses, with particular attention on the problems faced by victims of intrafamilial child abuse. The Committee's mandate included recommendations for streamlining and improving investigative and judicial processes and for minimizing or reducing unnecessary repetitive interviews and court appearances. The Committee's study and recommendations focused on five areas: investigation, the judicial process, child advocacy, evidence and procedure, and pilot and demonstration projects.

In carrying out its task, the Committee was guided by legislation that directed a systemic approach: A focus on how the various civil and criminal investigative and judicial processes might be improved and streamlined on behalf of child victim witnesses. The Committee explored ideas for ideal handling of child victim witnesses from the child's perspective. The Committee strove to accommodate this ideal approach to the practicalities of the "real world."

The Committee proposed sweeping reforms, all of which were based on the following principles: (1) humane treatment of child victim witnesses; (2) improving the truth finding process; and (3) protecting the rights of children, their families, and the accused.

The Committee recommended:

- A new approach to interviewing child victim witnesses using Child Interview Specialists.
- Restructuring California's Superior Court to create a Family Relations Division.
- Provision of child advocacy and support services to child victim witnesses throughout the investigative and judicial processes.
- Evidentiary and procedural changes for the management of child victim witnesses.

The Committee recommended establishment of investigative, judicial, and child advocacy pilot and demonstration projects to assist counties in implementing these reforms.

With respect to the investigative pilot projects, the Committee stressed the importance of reducing unnecessary repetitive interviews. To achieve the goal of improved investigation, the Committee recommended that the Legislature fund up to three child victim witness investigative pilot projects for three years. The Committee recommended that counties selected as pilot counties evaluate the effectiveness of videotaping investigative interviews.

### Child Victim Witness Investigative Pilot Projects

In 1989, as part of its strategy to implement the recommendations of the California Child Victim Witness Judicial Advisory Committee, the California Attorney General's Office sponsored the Child Victim Witness Pilot and Demonstration Programs Act (Senate Bill 218, Chapter 1220, Statutes of 1989).

This legislation established and funded investigative, judicial, and child advocacy pilot projects. The legislation required the California Attorney General's Office to select up to three county investigative pilot projects to implement and evaluate the investigative recommendations of the California Child Victim Witness Judicial Advisory Committee. (The Judicial Council was charged with administering the judicial and child advocacy pilot projects).

The investigative pilot projects were to incorporate the essential elements for improving the investigative process identified by the California Child Victim Witness Judicial Advisory Committee. Each county investigative pilot project was required to:

- Establish a child victim witness center or centers, or special interview settings.
- Develop interagency agreements and protocols for interviewing child victims, including procedures to limit the number of interviewers and minimize the number of interviews.
- Establish multidisciplinary teams to review and make recommendations on child abuse cases and the needs of child victim witnesses.
- Require that comprehensive interviews be conducted by child interview specialists.
- Agree to specialized training for child interview specialists.
- Test the use of videotaping of comprehensive child victim interviews, with appropriate advice and consent.
- Establish procedures for maintaining the confidentiality of videotaped interviews of child victim witnesses.
- Adopt procedures to ensure that medical examinations of suspected child abuse victims be conducted by specially trained medical professionals, and that all examinations be conducted so that evidence obtained is appropriate for use in the judicial process and in the development of a medical treatment plan for the child.
- Develop procedures for providing mental health services for child victim witnesses.

Requests for proposals were issued, and three counties were selected as pilot project counties: Sacramento, San Francisco, and Orange counties. Due to circumstances described in this report, San Francisco was discontinued as a pilot project. Sacramento and Orange counties completed the project.

## **Child Victim Witness Investigative Pilot Projects Research and Evaluation**

The California Victim Witness Pilot and Demonstration Programs Act required the Attorney General's Office to establish a Child Victim Witness Investigative Pilot Projects Research and Evaluation Advisory Panel (REAP). The REAP, which was appointed by the Attorney General, was mandated to coordinate the research design, operation, and evaluation of the investigative pilot projects. The REAP was also to evaluate the investigative pilot projects to determine whether the projects were successful in meeting the legislative goals and objectives for improving the investigative process.

The California Attorney General's Office issued a request for proposals and selected the Children's Advocacy Institute of the University of San Diego School of Law to assist the REAP in carrying out its statutory responsibilities.

## References

*Commission on the Enforcement of Child Abuse Laws, Final Report (1985)*. Office of the California Attorney General.

## Chapter 3

# Child Interview Specialist Training

Child sexual abuses cases are among the most challenging facing the judicial system today. The cases often hinge on the statements of a young child. Because several agencies may be simultaneously involved in the case, there can be multiple interviews of the child and, in some cases, agencies working at cross purposes.

In 1988 the California Child Victim Witness Judicial Advisory Committee made several recommendations to reduce the psychological and emotional impact to the child during the investigative process while, at the same time, increasing the efficiency and quality of the investigation. The Committee recommended that child interview specialists be used to conduct comprehensive interviews of children. The Committee further recommended that child interview specialists meet minimum standards and complete a formal training program.

The Committee believed that specially trained child interview specialists should be used to conduct comprehensive interviews of children once a criminal or dependency investigation was determined to be warranted. The Committee further believed that use of child interview specialists trained in child development and forensic issues would improve fact-finding, reduce system-induced trauma to children, and ensure that children in need of services are identified and referred appropriately.

Although many professionals who interview children have a great deal of experience and training within their discipline, most have not been trained to interview in a multidisciplinary setting or to obtain information needed by other agencies. The Committee believed that child interview specialists should be trained to gather the information needed by all the major participants in the case--law enforcement, prosecution, social services, and medical--without necessitating further forensic interviews by these professionals.

To implement the recommendations of the Child Victim Witness Judicial Advisory Committee, the California Child Victim Witness Pilot and Demonstration Program Act (Senate Bill 218, Chapter 1220, Statutes of 1989) required pilot projects to provide 40 hours of training for child interview specialists. To implement this requirement, the Attorney General's Office and the Child Victim Witness Research and Evaluation Advisory Panel (REAP) designed a specialized 40-hour course to provide advanced training to the child interview specialists selected to participate in the pilot projects. The training was not limited to the child interview specialists, however. Pilot counties were required to send their *entire* multidisciplinary team to the 40 hour training course. (See Appendix H for detailed course outline).

The formidable task of providing the training was entrusted to the Child Maltreatment and Family Violence Clinic at California State University, Los Angeles. Dr. Patricia Savich, the director of the Clinic, along with her colleagues Ester Gillies, LCSW and Detective James Brown of the Los Angeles Police Department, refined and implemented the training. They also designed a creative practicum portion of the course. The training was successful, and the lion's share of credit for this success goes to Dr. Savich, Ms. Gillies, Detective Brown, and the course participants.

The training was designed to equip professionals with state-of-the-art skills needed to discover the truth, treat children humanely, and protect the rights of all parties. Each phase of the curriculum addressed three core issues: (1) the multidisciplinary team environment, (2) the

role of the interview specialist within that environment, and (3) forensic interviewing techniques. The course not only provided advanced training; it also prepared interviewers to work in a multidisciplinary environment.

## Course Overview

A brief overview of the 40 hour training provided the child interview specialists and their colleagues on the multidisciplinary team follows:

*Participants.* The course participants were members of the multidisciplinary teams from each pilot project. Participants were primarily from local law enforcement agencies, county social services agencies, and district attorney's offices. The child interview specialists were primarily social workers, although one county also designated law enforcement and mental health professionals as child interview specialists.

*Faculty.* The course was facilitated and taught in part by Dr. Savich, a developmental psychologist, Ester Gillies, a former child welfare social worker, and Detective James Brown. The remaining didactic portions of the course were taught by other experts.

*Course Design.* The course consisted of three days of didactic instruction and two days of interviewing practicum with preschool age children. All interviewing exercises were videotaped and peer reviewed. The course emphasized the following components:

- Investigations conducted by a multidisciplinary team comprised of all agencies involved in the case.
- interviews conducted by a child interview specialist.
- Interviews conducted at a child-oriented center.
- Investigators and prosecutors participate in the interview by talking to the interviewer before, during a break in, and after the interview, and by observing the interview from behind a one-way glass.
- The interview is videotaped and the videotape is used, when possible, in lieu of additional interviews.
- When subsequent interviews are necessary they are conducted, when appropriate, by the same interviewer.
- The multidisciplinary team meets as soon as possible after the interview to review information and make advisory recommendations on the appropriate course of action for disposition of the case and for the medical, mental health, and advocacy needs of the child.

The training was designed to provide the child interview specialists and other multidisciplinary team members with an overview of each of the participating agencies and their respective roles in the investigation so that interview specialists would understand the information necessary to meet the needs of each member of the multidisciplinary team, including:

- Are criminal charges warranted?

- Should dependency proceedings be pursued?
- Is a medical examination necessary?
- Are mental health services indicated?
- Which child advocacy services should be provided?
- Are other referrals appropriate?

## Didactic Portion of the Course

The didactic portion of the course began with an overview of the course philosophy, objectives, and content. Emphasis was placed on the core concept of a child interview specialist operating in the context of a multidisciplinary team. The dynamics of a successful multidisciplinary team were thoroughly explored.

The didactic portion of the course included in-depth coverage of the following subjects:

- Information needs of agencies participating in the multidisciplinary team.
- Evidentiary implications of interviewing children.
- Child development related to interviewing.
- Interviewing techniques with children.

The didactic portion also included presentations on the psychosocial sequelae of child sexual abuse, ethnicity issues in assessment and interviewing, and children's memory, suggestibility, and capacity to provide accurate information.

## Practicum Portion of the Course

The last segment of the five day course turned theory into practice with a two day interviewing and peer review practicum. The practicum involved actual interviews of non-abused preschool age children. Some weeks prior to the training course, the children experienced a staged event at their preschool involving clowns. During the practicum, the interviewers were given basic information about what the children had experienced, and were instructed to interview the children to find out "the rest of the story." The interviews were conducted by the child interview specialists while their colleagues on the multidisciplinary teams watched from behind one-way glass. Team members provided guidance to the interview specialists during a break in the interviews. Team members were also given the opportunity to interview a child. The practicum portion of the training provided participants the opportunity to work together as a team and to apply the information presented during the didactic portion of the course. The interviews were videotaped and presented to the entire class for peer review.

Although the practicum segment of the course generated some performance anxiety, the practicum was invaluable in several ways:

- Giving professionals *actual* experience interacting with and interviewing young children.

- Translating theory into practical application.
- Overcoming fear and misperceptions regarding videotaping.
- Recognizing individual and team styles, strengths, and limitations.
- Appreciating team support and member expertise.
- Valuing peer review and critique.
- Appreciating the importance of developing a consistent but flexible interviewing approach.

The response to the training was positive across disciplines. Child interview specialists were given high ratings by their colleagues on multidisciplinary teams. The team building that went on during the training allowed interview specialists and multidisciplinary teams to "hit the ground running" when they returned home.

### **Initial Training is Just the Beginning**

Professionals indicated that the 40 hour training course provided a foundation of knowledge and experience for interview specialists and the multidisciplinary team. Professionals emphasized, however, that training must never stop. On-going on-the-job training and peer review are essential to the development and maintenance of interview skills. In addition to peer review, child interview specialists benefit from regular consultation with experts on child development and forensic issues.

### **Conclusion**

Training is a key component of successful investigation of child sexual abuse and effective implementation of the multidisciplinary approach. Formal training is critical, although initial training must be augmented by ongoing peer review, in-service training, consultation, and collaborative training among team members. The investigation of child sexual abuse is a dynamic process and training of the professionals charged with this difficult work must keep up with changes in the field.

## Chapter 4

# Evaluation Methods

This chapter describes the method by which the Research and Evaluation Advisory Panel (REAP) evaluated the investigative pilot projects in Sacramento and Orange counties. To assist the REAP in planning and carrying out the evaluation, the Attorney General's Office retained the services of the Children's Advocacy Institute (CAI) of the University of San Diego School of Law.<sup>1</sup>

### Overview

The evaluation was designed to meet the requirements set forth in the enabling legislation. The legislation envisioned up to three county pilot projects to implement the elements specified for the pilot projects, with an evaluation based on measurement of resulting outcomes. Most of the outcomes of interest are quantitative: things to be counted, including reducing the number of interviews, interviewers, and medical examinations; reducing the number of interview settings; using videotaping and multidisciplinary team (MDT) reviews in 100% of cases; and reducing trauma to child victim witnesses due to the investigation.

The evaluation also examined interagency agreements and protocols, improved selection and training of child interview specialists (see chapter 3), improved confidentiality procedures for videotaped interviews (see Appendices K and M), and improved procedures for providing mental health and other services to children and their families. Finally, the evaluation examined the cost of extending the pilot project model to counties throughout the state.

There was much to learn from the pilot projects in addition to the outcomes specified above. The REAP investigated the pilot projects in light many of the issues identified in the 1988 report of the California Child Victim Witness Judicial Advisory Committee.

Evaluation of the quantitative outcomes was designed to collect data about a series of individual child sexual abuse cases, analyzing comparable groups of cases from *before* and *after* implementation of the pilot project. To this end, the REAP developed a set of data collection instruments to apply to Sacramento and Orange counties. Because of differences in the two counties' investigative practices, it was necessary, for the most part, to analyze the data from each county separately.

In addition to collecting data about cases, the REAP conducted two surveys of professionals in Sacramento and Orange counties involved in child sexual abuse investigations. The surveys were designed to capture information about pilot project implementation, to fill certain gaps in information collected from individual cases, and to tap the perspectives of professionals involved in the pilot projects. One survey covered many aspects of the project, while another survey focused on videotaping interviews.

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<sup>1</sup> CAI is producing a separate report to the Office of the Attorney General that will describe in detail the development, implementation, and analysis of the results of the pilot projects. Readers interested in more detail about the evaluation may contact the Office of the California Attorney General or the CAI.

The following sections describe each data source, that is, case records, project survey questionnaire, and videotape survey.

## **Case Records**

Data was collected from case records on individual children.

### **Design for Data Collection**

The evaluation design compares information from child sexual abuse cases investigated under the pilot project against information from cases investigated prior to the pilot project. The purpose of this before-after comparison is to isolate effects attributable to the pilot project. The videotaping element of the pilot project was introduced midway through the pilot project phase so that the effects of videotaping could be examined separately.

During the pilot projects the following data were collected on all cases: (1) demographic characteristics of the child, the alleged abuse, and the alleged abuser; (2) characteristics of each interview and medical examination; (3) services recommended and provided; (4) agency responses, involvement, and disposition; (5) court outcomes; (6) multidisciplinary team reviews and recommendations; and (7) uses of videotape.

For interviews of children aged 6 and older, two questions were asked of the children themselves to obtain a measure of the trauma children experienced as a result of the investigation (the two questions are described below, also, see chapter 5). Originally, these two questions were to be part of a larger effort to gather information about the psychological well-being of children during the investigation. Unfortunately, practical roadblocks made the more thorough-going psychological assessment impossible. In particular, prosecutors worried that information on children's psychological condition might be discoverable in legal proceedings, and could be used against children in court. In the final analysis the only direct information about the children's perceptions was gleaned from the two questions children were asked about the interview itself.

### **Case Selection for Inclusion in the Pilot Project Evaluation**

This subsection describes how cases were selected for inclusion in the evaluation.

*Pre-Pilot Project Cases (Baseline Data).* The following criteria were used to select cases for the baseline phase of the evaluation, *before* the pilot projects were implemented. To be included in the baseline data, cases had to involve reports of child sexual abuse of children age 14 or younger at the time of report. Additionally, only those cases that proceeded past the initial field interview were to be included in the baseline sample. The baseline sample was to consist of 200 cases. Each county was to enroll the first 200 consecutive cases meeting the foregoing criteria.

*Pilot Project Cases.* The case selection criteria for pilot project cases were the same as those described above for the baseline cases. In addition, pilot project cases were interviewed at the pilot project interview center by a trained child interview specialist, with observation by an interdisciplinary team consisting of a social worker, law enforcement officer, and deputy district attorney.

The pilot project sample was to consist of 200 consecutive cases meeting the foregoing criteria. Pilot project cases were divided into two subsamples of 100 cases each based on whether or not videotaping occurred. Each subsample of 100 was selected after

implementation of the pilot project and a breaking-in period to allow the pilot project to "work out technical bugs" in videotaping. As with baseline cases, case recruitment during the pilot project phase included all cases meeting the case criteria until the target subsample size of 100 cases was reached.

The two subsamples of pilot project cases were defined as follows: (1) 100 non-videotaped pilot project cases, followed by (2) one hundred videotaped pilot project cases.

### **Data Instruments**

*Case data forms* to collect the case information described above were developed by the evaluator in conjunction with the pilot projects. Using these forms, the pilot projects were responsible for collecting appropriate information. The data collection instrument is reproduced in Appendix D. Each project developed a data collection protocol and designated staff to collect the required information.

A computerized data collection system was developed by the evaluator and installed at the pilot project sites. Pilot Project staff were trained to use this system, which was called the Uniform Data System. (See Appendix E.)

*End of interview assessments completed by children.* As mentioned above, two questions were asked directly of children at the end of their interviews. These questions were called the End of Interview Assessments (EIA). Children were asked how good or bad they felt about answering the interviewer's questions and how good or bad they felt about the setting where the interview took place. To answer these questions children used a face scale, with faces ranging from very happy to very sad. The face scale was developed for use with children in traumatic situations.

### **Project Differences**

Data from Sacramento and Orange counties were analyzed separately and were not pooled. As mentioned previously, differences between Sacramento and Orange counties made most direct comparisons unworkable. Relevant differences between counties are summarized below.

#### **Sacramento County**

*Context.* Sacramento County has one primary population center. Although there are five law enforcement agencies in the county, the pilot project involved primarily the two largest agencies, the Sacramento Police Department and the Sacramento County Sheriff's Department.

*Case selection.* Cases included in the Sacramento pilot project included all cases referred from patrol to detective units for continuing investigation. Because all referred cases were included, no issues arose regarding case selection bias. (See Table 4.1 at end of chapter for case characteristics.)

*Videotaping.* The Sacramento County Sheriff's Department was videotaping interviews prior to the start of the pilot project, and continued to videotape throughout the project. Sheriff's Department cases were included among the baseline cases but excluded from first 100 pilot project *non*-videotape cases. Exclusion of Sheriff's Department cases from the first 100 non-videotaped cases is not believed to have biased the sample of pilot project cases because the

distribution of demographic and case characteristics did not differ between the Sheriff's Department and the Police Department.

*Medical examinations.* A specialized medical examination site existed in Sacramento County prior to implementation of the pilot project (University of California Davis Medical Center Child Protection Center). The Medical Center continued to conduct medical examinations during the pilot project.

*Data collection.* There was continuity of data collection throughout the period of the Sacramento pilot project. A core group of staff collected data under direct supervision of the pilot project director. Sacramento enjoyed the "best fit" between the pilot project model, the evaluation design, and the data collection system. For this and other reasons, Sacramento provided the most complete data for all aspects of the evaluation.

### **Orange County**

*Context.* Orange County has a population greater than two million, spread over multiple population centers. In Orange County there are 25 law enforcement agencies.

*Case selection.* The Orange County multidisciplinary interview center, called CAST, did not have the capacity to handle all cases. For this reason, among others, not all cases were referred to CAST. Unfortunately, because of this differential referral pattern, it is impossible to make very many comparisons between baseline data and pilot project data in Orange County. (See Table 4.2 at end of chapter for case characteristics.)

*Relationship of law enforcement agencies to the pilot project.* Law enforcement agencies in Orange County were not formally included in the pilot project. Thus, unlike Sacramento County, where Police and Sheriff's Department officers were required to use the multidisciplinary interview center, law enforcement officers in Orange County used the interview center on a voluntary basis.

In Orange County one interview center existed prior to the pilot project. This existing center was used by 10 law enforcement agencies. Receipt of pilot project funds made possible the establishment of a second interview center in a different part of the county. Unfortunately, geographic and logistical issues restricted the use of the second site, especially for new law enforcement agencies.

*Data collection.* Orange County experienced persistent problems in data collection and in adherence to data collection protocols. These difficulties were due in part to the fact that the staff doing actual data collection were not attached to the agency that had overall responsibility for the pilot project. Unfortunately, data collection problems in Orange County compromised the completeness of the data, particularly relating to interviews for baseline cases.

The combined effects of data collection problems and possible selection bias in use of the multidisciplinary interview center limit the use of data collected in Orange County.

### **San Francisco County**

Although San Francisco County was dropped as a pilot project, it is useful at this point to describe certain aspects of the San Francisco project.

*Context.* San Francisco City and County has a population of three-quarters of a million, located in one urban center. There is one law enforcement agency, the San Francisco Police Department.

*Case selection.* Once data collection began for the pilot project, it became apparent that not all cases were referred to the multidisciplinary interview center. Thus, from the outset there were problems of case selection bias.

*Lack of Cooperation and Coordination.* Agencies in San Francisco were not coordinated in a way that ensured that cases would get comprehensive interviews at the multidisciplinary interview center. The San Francisco pilot project lacked systematic multidisciplinary team review of many if not most cases. Moreover, there was apparent lack of administrative oversight and cooperation between agencies.

*Data collection.* Staff collecting data in San Francisco could not reliably determine whether data were complete or accurate.

## **Project Survey Questionnaire**

Project Survey Questionnaires were distributed to professionals involved with the pilot projects. (See Table 4.3 at end of chapter.) The Project Survey was designed to tap individual beliefs about the strengths and weaknesses of the pilot projects. The Project Survey is reproduced in Appendix F. Results from the questionnaire are discussed at appropriate locations throughout this report.

## **Videotape Surveys**

A one-page videotape survey was distributed to professionals in 1991 and again in 1993. The surveys asked professionals for their views about the videotaping component of the pilot projects. The results of the videotape surveys are discussed in chapter 6. The survey form is reproduced in Appendix G.

Table 4.1. Sacramento County Case Characteristics

	BASELINE		PILOT PROJECT	
	N	%	N	%
<b>ALL CASES CHILD CHARACTERISTICS</b>	177	100%	212	100%
Sex				
F	143	81%	166	78%
M	34	19%	45	21%
Age				
0-2	2	1%	0	0%
3-5	46	26%	66	31%
6-8	46	26%	56	26%
9-14	83	47%	82	39%
Ave.	8.1		7.7	
Ethnicity				
White	128	72%	144	68%
Black	17	10%	34	16%
Hispanic/Latino	28	16%	25	12%
Asian/Pac. I	0	0%	5	2%
Other	4	2%	1	0%
Language				
English	173	98%	209	99%
Spanish	2	1%	2	1%
Other	2	1%	1	0%
<b>CASE CHARACTERISTICS</b>				
Alleged Perp				
Parent	45	25%	65	31%
Not Parent	132	75%	147	69%
Stranger	43	24%	46	22%
Known	134	76%	166	78%
Relative	98	55%	132	62%
Not Relative	79	45%	80	38%
Perp in household	74	42%	88	42%
Not in household	103	58%	124	58%
Severity of Abuse				
Most	108	61%	146	69%
Least	69	39%	66	31%
Penetration				
Yes	94	53%	79	37%
No	83	47%	133	63%
Coercion				
Yes	42	24%	70	33%
No	135	76%	142	67%

Table 4.2. Orange County Case Characteristics

	BASELINE		PILOT PROJECT	
	N	%	N	%
ALL CASES	159	100%	788	100%
CHILD CHARACTERISTICS				
Sex				
F	110	69%	606	77%
M	48	30%	179	23%
Age				
0-2	4	3%	15	2%
3-5	31	19%	268	34%
6-8	43	27%	218	28%
9-14	81	51%	278	35%
Ave.	8.6		7.2	
Ethnicity				
White	108	68%	464	59%
Black	8	5%	23	3%
Hispanic/Latino	31	19%	275	35%
Asian/Pac. I	5	3%	13	2%
Other	6	4%	13	2%
Language				
English	159	100%	652	83%
Spanish	0	0%	132	17%
Other	0	0%	4	1%
CASE CHARACTERISTICS				
Alleged Perp				
Parent	49	31%	275	35%
Not Parent	110	69%	513	65%
Stranger	16	10%	179	23%
Known	143	90%	609	77%
Relative	106	67%	498	63%
Not Relative	53	33%	290	37%
Perp in Household	73	46%	269	34%
Not in Household	86	54%	421	53%
Severity of Abuse				
Most	75	47%	457	58%
Least	84	53%	331	42%
Penetration				
Yes	71	45%	272	35%
No	88	55%	516	65%
Coercion				
Yes	33	21%	555	70%
No	126	79%	233	30%

TABLE 4.3. Distribution and Responses for Project Survey by Project and Discipline

Discipline	SACRAMENTO			ORANGE		
	Number Distributed	Number Returned	Return Rate	Number Distributed	Number Returned	Return Rate
CORE AGENCIES						
DA	9	7	78%	11	10	91%
Law Enforcement	21	14	67%	76**	15	20%
Social Workers	17	9	53%	34**	22	65%
TOTAL, CORE AGENCIES	47	30	64%	121**	47	39%
TOTAL All Agencies	***	37	***	***	65	***

- \* Three of the nine Sacramento social workers who responded were child interview specialists.
- \*\* Estimated
- \*\*\* Not Reliably Known

## Chapter 5

# Effects of a Multidisciplinary Interview Center on the Interview Process

Like forcing a square peg through a round hole, propelling a child through the traditional, adult-oriented investigative process can result in undesirable consequences. First, many children and families — already emotionally vulnerable as victims of crime — suffer avoidable stressors induced by the investigative process itself. Second, rather than facilitating the discovery of the truth, the investigative process can undermine this goal, interfering with elicitation of reliable information from children.

In the course of a criminal investigation, the child is likely to face multiple interviews in numerous and unfamiliar settings (Whitcomb, 1992; Jaudes & Martone, 1992). The interviews are likely to be conducted by legal professionals who are uninformed of children's needs and limitations, or by social-service/mental health professionals with limited awareness of the forensic implications of their actions (Whitcomb, 1992). The use of multiple interviews and the lack of cross-training stem from the divergent responsibilities of the agencies involved in investigation. The need for multiple interviews also arises from the inability of children to answer question when they are interviewed as if they were adults. These characteristics of the investigative process are thought to compromise fact-finding, to increase the potential for miscommunication, to lower family cooperation with investigators, and to adversely impact children's emotional status.

### System Induced Stress

Involvement in the investigative process is stressful even for adult crime victims, especially victims of sexual assault (Katz & Mazur, 1979). During the last decade, there has been growing national concern that participation in the legal system may subject children to unnecessary distress (Whitcomb, 1992; Weiss & Berg, 1982). Although children respond differently, experts have identified the following conditions as stressful for some children: (a) long delays and numerous continuances; (b) unsuitable facilities; (c) lack of preparation; (d) fear of public speaking and revealing intimate personal information in front of strangers; (e) insensitive, intimidating questioning by attorneys and investigators; (f) public exposure; and (g) lack of social support from family members and professionals (Goodman, Pyle-Taub, Jones, England, Port, Rudy, & Prado, 1992; Runyan, Everson, Edelsohn, Hunter, & Coulter, 1988; Sas, 1991; Tedesco & Schnell, 1987; Spencer & Flin, 1993; Whitcomb, Runyan, DeVos, Hunter, Cross, Everson, Peeler, Porter, Toth, & Cropper, 1991). Children express fears of retaliation and retribution, humiliation, rejection, being sent to jail themselves, or of angering adults and siblings (Sas, 1991).

Children's cognitive and emotional immaturity leaves them ill-equipped to cope with the requirements and stresses of the investigative and judicial systems. At less advanced stages of language development, children's limited narrative skills result in highly circumscribed descriptions of past events (Nelson, 1986; Fivush & Hudson, 1990). Language immaturity sometimes necessitates multiple interviews. At less advanced stages of social-cognitive development, children may be more likely to keep secrets if threatened with punishment for telling the truth, and to delay disclosure of abuse at the insistence of a perpetrator (Bussey, Lee, & Grimbeek, 1993; Sorensen & Snow, 1990). At less advanced stages of emotional development, avoidance of anxiety-provoking issues is a common strategy for coping with

stress (Cramer, 1991). Moreover, avoiding reminders of traumatic events is a hallmark of Post-Traumatic Stress Disorder, not an uncommon diagnosis among child victims. For children seven years of age and older, an acute sense of self-consciousness may result in reluctance to disclose embarrassing information (Saywitz, Goodman, Nicholas, & Moan, 1991)

All of these factors work against immediate, complete disclosure of sexual victimization.

Recent studies suggest that the criminal court system is associated with adverse emotional effects for some children (Goodman et al., 1992; Runyan et al., 1988). Specifically, children identify the number of different interviewers to whom they must re-tell traumatic experiences as stressful (Tedesco & Schnell, 1987). Studies show that children who experience a greater number of investigative interviews rate their legal experience more negatively (Goodman et al., 1992). Moreover, studies suggest that for a minority of children, the criminal court process impairs their recovery from emotional disturbances like depression (Goodman et al., 1992; Runyan et al., 1988).

### **Children's Ability to Remember Events**

Prolonged investigations not only exacerbate the adverse effects of legal intervention on children, they also promote forgetting (Brainerd, Reyna, Howe, & Kingma, 1990). Statements made closest in time to the event have the potential to be the most complete and reliable. Experimental studies of children's memory suggest that repeated interviews can degrade the quality of information children provide, especially when interviewers are biased and use intimidating questioning techniques. When repeated interviews are conducted with young children (e.g., three- and four-year-olds), interviewers who use highly suggestive questions in an accusatory atmosphere can distort children's reports (Ceci, Leitchman & White, in press). When interviewers are not trained in child development, they often phrase questions in language too complex for children to comprehend about concepts too abstract for them to understand. The potential for miscommunication is high (Saywitz, Nathanson & Synder, 1993; Saywitz, Jaenicke & Camparo, 1990; Walker, 1993). Children sometimes try to answer questions they do not fully understand. Their answer may be little more than the child's association to a part of the question that the child understood rather than a complete answer to the intended question.

As the investigation drags on, children transition to new stages of development that bring with them the emergence of new abilities not present during earlier phases of the investigation. Such discontinuities in skill level can create discrepancies and contradictions across children's statements that are a function of the length of the investigation.

### **The Pilot Project Solution: A Multidisciplinary Child Interview Center**

To reduce stress on children and to increase the probability of discovering the truth, the pilot projects described in this report tested the effectiveness of a multidisciplinary interview center. The key component of the interview center is a comprehensive interview conducted at a child-friendly site by a highly trained child interview specialist. Agencies can rely on the comprehensive interview instead of reinterviewing the child.

The design of the present evaluation is described in Chapter 4. The findings are described below. The hypothesis pursued in this evaluation was that the multidisciplinary interview center would minimize children's stress and maximize communication of accurate statements from children, increasing the likelihood of discovering the truth and decreasing the likelihood of pursuing false allegations. This important goal would be accomplished by reducing the

number of interviews, interviewers, interview settings, and amount of time spent interviewing. The multidisciplinary interview center was hypothesized to improve the ratio of services recommended to services provided. It was predicted that children's feelings about the interview and the interview setting would be more positive with the multidisciplinary interview center than with the traditional process, and that professionals involved in the investigation would believe that the benefits of the multidisciplinary model outweigh the disadvantages.

## Results

To assess the efficacy of the multidisciplinary model for reducing stress and discovering truth, children participating in standard investigative procedures (baseline cases) were compared to children participating in the multidisciplinary approach (pilot project cases).<sup>1</sup> The present evaluation examined whether children interviewed at a multidisciplinary interview center experienced fewer interviews, interviewers, interview settings, and spent less time being interviewed. The comparisons were conducted on data collected from 389 cases of alleged child sexual abuse in Sacramento County. Unless otherwise stated, comparisons were conducted on 177 baseline cases and 212 pilot project cases. (As discussed in Chapter 4, the Orange County pilot project did not collect sufficient data for the baseline group of cases to allow most comparisons.) In order to assess the likelihood of multiple interviews, interviewers, and interview settings among baseline and pilot project cases, Sacramento County baseline cases were compared to pilot project cases.

Because the Sacramento multidisciplinary interview center model was tested as a whole, the relative contribution of individual components of the multidisciplinary approach (e.g., a team of professionals, standardized interview protocols, videotaping, highly trained interviewers) could not be individually evaluated. However, information elicited from children themselves and from professionals involved in the pilot projects can be used to estimate the perceived success of some components of the approach in reducing stress and facilitating the discovery of truth. To examine whether the multidisciplinary model placed less stress on children, information was collected from children regarding their assessment of the interviews and interview settings. Children's ratings of their feelings towards their first interview conducted at the multidisciplinary interview center, and about the center itself, were compared with children's feelings about their first interview (and its setting) during the baseline period prior to the opening of the multidisciplinary interview center. To accomplish this task, ratings from children in Sacramento County, and from a subset of children in Orange County were analyzed.<sup>2</sup> It is important to remember that these ratings do not reflect children's feelings about the number of interviews, but only about the first interview conducted by a child interview specialist. The rating scale ranged from 1 (most happy) to 6 (most unhappy).

As is often the case with innovative procedures, counties that apply for pilot projects, and that are willing to provide the supplementary funding required, are fairly progressive in the first place. Hence, the data collected in this report do not reveal the kinds of gross abuses of the investigative process that sometimes occur. Neither Sacramento nor Orange counties routinely subjected children to excessive interviews, interviewers, or interview settings. During the baseline period, children did not rate standard procedures as exceedingly traumatic.

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<sup>1</sup> Not all of the statistical tests that were conducted on the pilot project data are shown in this report. For complete discussion of statistical analyses see Reiter, R. (1994). *Final Report*. (Children's Advocacy Institute). San Diego, CA.

<sup>2</sup> Differences in selection criteria between pilot project cases and baseline cases in Orange County precluded comparisons between these two groups, except for a subgroup comprised of the most severe cases.

However, it is important to note that children's self-reports at both points in the evaluation (baseline and pilot project) may be inflated because children were asked to rate the interview by the interviewer instead of by a neutral third party. Children are often reluctant to report feelings they perceive to be socially undesirable or feelings they fear will be met with adult disapproval. Even so, a clear pattern of results emerged. The pilot project represented a significant improvement over standard operating procedures, even in these relatively progressive counties.

## Improving the Interview Process

The U.S. Advisory Board on Child Abuse and Neglect as well as professional organizations such as the American Academy of Pediatrics, the American Professional Society on the Abuse of Children, the American Academy of Child and Adolescent Psychiatry, and the American Psychological Association have all highlighted the need for specialized training of interviewers and a reduction in the number of interviews. As described above, there is some evidence to suggest that multiple interviews and interviewers increase the potential for both stress to children and distortion of their statements. The pilot project sought to improve the interview process by reducing the number of interviews and interviewers, implementing a team approach, using interview protocols, and employing highly trained interviewers.

## Reducing the Number of Interviews

As implemented in Sacramento County, the multidisciplinary interview center was associated with a significant reduction in the number of interviews. (See Table 5.1 and Figure 5.1.) A child whose case was investigated prior to implementation of the pilot project was eleven times more likely to experience multiple interviews than a child involved in an investigation conducted through the multidisciplinary interview center (the relative risk of multiple interviews was 11.3). The proportion of cases with multiple interviews was reduced from 48% prior to implementation of the pilot project to 4% after instituting the pilot project ( $p < .0001$ ). In fact, the pilot project came close to eliminating multiple investigative interviews; reducing such interviews nearly to the theoretical and practical minimum of one per investigation.<sup>3</sup> Data were not collected on the number of additional interviews conducted during the judicial phase of the case. Therefore, it is not possible to know how the multidisciplinary interview model affected interview patterns at later stages.

To determine whether the pilot project was more or less effective for various subgroups of children, the data were analyzed by age, race, relation to perpetrator, and severity of abuse. Significant reductions in the likelihood of being subjected to multiple interviews were maintained when pilot project cases were compared to baseline cases with similar characteristics. The subgroups of children that showed the largest reductions in the chance of being subjected to multiple interviews were the subgroups at greatest risk for exposure to multiple interviews in the first place. These included older children (nine to fourteen years of age), ethnic minorities, and victims of more severe abuse, coercion, or parental abuse. The pilot project appeared to be most helpful for children in greatest need.

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<sup>3</sup> The reference to one interview per investigation does not include initial field contacts by law enforcement officers or social workers. Initial field contacts occur before children are interviewed at the multidisciplinary interview center.

## Reducing the Number of Interviewers

The number of interviewers with whom a child interacts is not synonymous with the number of interviews. More than one interviewer may attend an interview, and all of them may ask questions. Conjoint interviews are standard practice in some communities. Subsequent interviews are often conducted by individuals who are new to the child, requiring children to cover the same ground with yet another unfamiliar adult. Use of multiple interviewers is believed to be more stressful for children than a single comprehensive interview with follow-up interviews conducted by the same person. Hence, the number of interviewers per case was analyzed.

Analysis of data from Sacramento County indicates that the average number of interviewers who questioned children was significantly lower for children involved in the pilot project than for children involved in standard investigative procedures ( $p < .0001$ ). (See Table 5.2 and Figure 5.2.) The proportion of cases with multiple interviewers fell from 45% to 1%. Children were thirty-two times more likely to have multiple interviewers before the pilot project than during the pilot. When children interviewed prior to the pilot project were compared to children with similar characteristics who were interviewed at the multidisciplinary interview center, the largest percentage of decline in interviewers occurred in children with the greatest risk of exposure to multiple interviewers, including older children, ethnic minorities, children where the perpetrator lived in the household, children where the perpetrator was a parent or step-parent, and victims of more severe abuse or coercion.

## Reducing the Amount of Time Spent Interviewing

Another measure considered indicative of the amount of stress placed on children is the total amount of time the child is interviewed (summing time across all interviews). The Sacramento pilot project was associated with significantly less interview time than the baseline condition. Average total interview time per case was reduced from 62.6 minutes to 37.2 minutes ( $p < .0001$ ). (See Table 5.3 and Figure 5.3.) When the data were examined by age group, ethnicity, relation to perpetrator, and severity of abuse, nearly all subgroups showed a significant decrease in interview time. Again, the subgroups of children enduring the longest average interview times before the pilot project showed the greatest reduction in interview time during the pilot project (e.g., older children, perpetrator in household, victims of severe abuse). A stepwise regression analysis showed the pilot project to be the single most important predictor of lower total interview time. (See Table 5.4.) Involvement in the pilot project predicted a reduction in time spent being interviewed, while severity of abuse, age, and use of videotape were associated with increases in time.

## Children's Assessments of Interviews

To assess whether the pilot project accomplished its goal of reducing stress for children, children were asked their assessment of the interview. In Sacramento County, children's ratings at the end of the interview conducted at the Sacramento multidisciplinary interview center were significantly more positive (Mean = 1.93) than ratings from children interviewed prior to the pilot project (Mean = 3.00) ( $p < .0001$ ).<sup>4</sup> (See Table 5.5 and Figure 5.4.) When the data were entered into a stepwise regression analysis, two variables were found to be significant predictors of children's feelings about the interview: (1) involvement in the pilot

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<sup>4</sup> These rating scales measure children's feelings about a single interview, not their response to the entire interview process. Hence, these scores reflect feelings about something inherent to the interview itself and not feelings about being subjected to multiple interviews.

project and (2) age. Younger children and children involved in the multidisciplinary interview center felt more positively about the experience. Parental abuse and severity of abuse appeared unrelated to children's feelings as expressed on the rating scale. (See Table 5.6.)

In Orange County, only limited comparisons were possible between children in the baseline and pilot project groups. Children interviewed during the pilot project were more positive about the interview than children interviewed during the baseline period. The differences were not as great as the differences in Sacramento, however, and generally were not statistically significant. (See Table 5.7.) The only statistically significant comparison for Orange County children was for children whose abuse included coercion. Coerced children in the baseline group rated themselves as the most unhappy (Mean = 4.27), whereas coerced children's ratings of the pilot project interview were significantly better (Mean = 3.15,  $p < .05$ ).

## Improving the Interview Setting

Children are interviewed in a variety of settings, few of which are designed to be developmentally sensitive to the needs of young children. Often, interview settings are distracting and intimidating (e.g., police stations). Studies suggest that when children are in the process of recalling and communicating a past event, their surroundings can influence both their anxiety level and their ability to retrieve information from memory (Saywitz & Nathanson, 1993; Ceci, Bronfenbrenner & Baker, 1988). In research studies, children show greater memory impairment and stress when they are interviewed in unfamiliar settings than when they are interviewed in familiar settings or settings that are free of distracting or threatening elements (Saywitz & Nathanson, 1993). Children's limited attention spans and their propensity to reason on the basis of what they see and hear, leave them easily distracted by adult-oriented environments. Children's fear of the unknown, coupled with their limited understanding of the purpose of questioning, can leave them with the perception that they will be unable to cope with the interview situation. This perception may decrease children's self-confidence, motivation, effort, and ability.

Child-oriented interview centers, like the centers in Sacramento and Orange counties, contain familiar materials like crayons and paper, child-size furniture, and fewer distracting objects like computers or typewriters. Child-oriented settings are more likely to put children at ease and allow them to concentrate on the questions rather than expending mental energy adapting to novel surroundings. The multidisciplinary interview setting also provides enhanced privacy and confidentiality, limiting the possible influence of other parties on children's statements.

In both Sacramento and Orange counties, children's ratings of the interview site were significantly more positive for the multidisciplinary interview center than for interview sites utilized during standard investigative practices ( $p < .0001$ ). In Sacramento County, children's ratings of the interview site rose appreciably after implementation of the pilot project. (See Table 5.8 and Figure 5.5.) Data from Orange County show a similar pattern of results for subgroups of children on whom valid comparisons were possible. (See Table 5.9 and Figure 5.6.) Children felt positively about the child friendly sites employed in Sacramento and Orange counties.

Stepwise multiple regression analysis for Sacramento County demonstrated that participation in the pilot project had the greatest influence on children's ratings of the place they were interviewed. The only other factor studied that was a significant predictor of children's feelings about the interview site was videotaping, which had a smaller positive effect. Age, relation to perpetrator, use of coercion, and severity of abuse did not predict children's feelings about the setting. (See Table 5.10.)

## **Reducing the Number of Interview Settings**

The proportion of children interviewed at multiple settings in Sacramento County was reduced from 37% during the baseline phase of the evaluation to 1% after institution of the pilot project ( $p < .0001$ ). (See Table 5.11 and Figure 5.7.) During the baseline period, Sacramento children were twenty-seven times more likely to have multiple interview settings than during the pilot project. Prior to the pilot project, certain subgroups of Sacramento children were at higher risk for multiple interview settings. These included older children (nine to fourteen years of age), ethnic minorities, children abused by a parent or step-parent or by someone known to the child, and children with more severe abuse (e.g., penetration). Once the multidisciplinary interview center was functioning, the likelihood of multiple interview sites was reduced to 4% or less for each of these subgroups.

## **Referral for Mental Health and Other Support Services**

Child victims of sexual abuse, physical maltreatment, and violence suffer both short- and long-term sequelae that can be compounded by the stress of participating in the legal system. The need for psychological, medical, social, and educational support can be great.

Even though child victims are in contact with numerous professionals over the course of an investigation, referrals to health, mental health, social service, and educational systems are often neglected. This may be due in part to limited resources in the community. Many times, however, agencies involved in the investigation do not perceive referral as their responsibility. Referral is not legally mandated, and most agencies lack the financial resources needed to systematically refer children for appropriate services.

In instances where referrals are made, numerous obstacles may prevent children and families from obtaining needed services. These obstacles include lack of agency follow-through, contradictory recommendations from different agencies, and poor communication among agencies.

A child interview specialist — trained to screen for mental health, educational, and social service needs — is well suited to facilitate appropriate referrals. Multidisciplinary team review further enhances the likelihood of appropriate and timely referral.

The present evaluation compared the probability of referral and receipt of mental health and other services during the course of standard investigative procedures against the probability of referral and receipt of services during the pilot project.

## **Mental Health Services**

Prior to implementing the pilot project in Sacramento County, mental health services were recommended in 46% of cases. Children who were referred for services actually received services about half the time. (See Table 5.12.) During the Sacramento pilot project, mental health services were recommended 98% of the time and were actually received 97% of the time. These results clearly indicate that the multidisciplinary interview center, with its child interview specialists and team review process, was successful in ensuring that children identified as suffering from psychological problems received the mental health treatment they needed. This was not the case prior to the pilot project. (See Table 5.12 and Figures 5.8, 5.9.)

During the baseline period, Orange County registered slightly lower rates of recommended and received mental health services than Sacramento County. As this report went to press, Orange County still had many cases with incomplete data. When the analysis is restricted to

cases with complete data, the Orange County pilot project was associated with a statistically significant increase in the proportion of mental health services recommended and received. During the Orange County pilot project, about 70% of children were recommended for mental health services, and almost a quarter of children received some services.

### Other Services

In Sacramento County, significantly more children and families were identified through the multidisciplinary interview center as in need of services other than mental health than were identified through standard procedures before of the pilot project ( $p < .001$ ). (See Figure 5.10.) Once the pilot project was implemented, almost all of the families who were recommended for services other than mental health received such services ( $p < .001$ ). (See Figure 5.11.)

In Orange County, children interviewed prior to implementation of the pilot project were rarely referred for services other than mental health treatment. Once the pilot project was implemented, other services were recommended in at least two-thirds of cases. When services were recommended, over half of the services were delivered. This is a fairly striking increase in the number of children and families identified as in need, and receiving services. To the extent the pilot projects made accurate assessments of children and families in need of services, these data suggest that prior to implementation of the pilot projects, large numbers of children and families had psychological disturbances and other social, medical, or educational needs that went unrecognized and untreated. During the pilot projects, the cracks through which these children and families had been falling were largely filled.

### Conclusions

Did the Sacramento County pilot project reduce stress on child victim witnesses? The evidence suggests that the answer is yes. The pilot project succeeded in reducing factors that are thought to place stress on children, including multiple interviews, multiple interviewers, and multiple interview settings. Sacramento children expressed more positive feelings about being interviewed at the multidisciplinary interview center than about interviews conducted during the baseline phase. Surveys of professionals involved in the investigative process suggest that professionals believe the multidisciplinary interview center led to reduced stress for children.

Before the multidisciplinary interview center and its multidisciplinary team, many children and families with mental health, health, social service, and educational needs fell through the cracks. The ability of the specially trained staff at the multidisciplinary interview center to identify children and families in need of services, and to assist in the delivery of services was impressive. There is little doubt that prompt treatment of psychological sequelae among child victims promotes recovery.

Did the Sacramento pilot project facilitate the search for the truth? Again, the evidence suggests that the answer is yes. The pilot project was associated with reductions in several barriers to truth, including multiple interviews, multiple interviewers, and multiple interview settings. Professionals involved in the investigative process expressed the opinion that highly trained interviewers who use standardized interview protocols increased accountability and improved the quality of evidence. Several Deputy Public Defenders praised the quality of interviews at the Sacramento multidisciplinary interview center. Sacramento prosecutors, social service workers, and law enforcement officers perceived the multidisciplinary interview center as successful in implementing all components of the pilot project.

In Orange County progress was made, although not on a scale to rival Sacramento. One of the most striking weaknesses in Orange County was that multidisciplinary team reviews did not occur on an on-going basis. On the positive side, professionals in Orange County stated that the multidisciplinary model is an improvement over standard investigative procedures because it reduces stress on children. Orange County professionals viewed increased coordination among agencies as the most important positive change.

TABLE 5.1. Number of Interviews and Incidence of Multiple Interviews, by Various Characteristics (Sacramento)

A. NUMBER OF INTERVIEWS	BASELINE		PILOT PROJECT		p-Value
	N	%	N	%	
1	93	52.5%	203	95.8%	p<.000
2	48	27.1%	8	3.8%	
3	20	11.3%	1	0.5%	
4	7	4.0%			
5	3	1.7%			
6	5	2.8%			
7	0	0.0%			
8	1	0.6%			
Any Multiple Interviews	84	47.5%	9	4.2%	
TOTAL	177	100.0%	212	100.0%	
Ave. Interviews/Case	1.86		1.05		p<.000
<b>B. INCIDENCE OF MULTIPLE INTERVIEWS, BY SUBGROUP</b>					
	BASELINE %		PILOT PROJECT %		Significant difference*
ALL CASES	48%		4%		*
CHILD CHARACTERISTICS					
AGE					
3-5 yrs.	39%		2%		*
6-8 yrs.	35%		4%		*
9-14 yrs.	60%		6%		*
ETHNICITY					*
White	45%		4%		*
Not White	53%		6%		*
CASE CHARACTERISTICS					
ALLEGED PERPETRATOR					
Parent	58%		8%		*
Not Parent	44%		3%		*
Stranger	33%		0%		*
Known	52%		5%		*
In Household	62%		7%		*
Not in Household	37%		1%		*
SEVERITY OF ABUSE					
Most	51%		5%		*
Less	42%		3%		*
PENETRATION					
Yes	51%		5%		*
No	43%		4%		*
COERCION					
Yes	57%		6%		*
No	44%		4%		*

\* Significant difference between baseline and pilot project groups; p<.05

TABLE 5.2. Number of Interviewers and Incidence of Multiple Interviewers, by Various Characteristics (Sacramento)

A. NUMBER OF INTERVIEWERS	BASELINE		PILOT PROJECT		p-Value
	N	%	N	%	
1	97	54.8%	209	98.6%	p<.0000
2	55	31.1%	3	1.4%	
3	10	5.6%			
4	9	5.1%			
5	3	1.7%			
6	2	1.1%			
7	0	0.0%			
8	1	0.6%			
Any Multiple Interviewers	80	45.2%	3	1.4%	
TOTAL	177	100.0%	212	100.0%	
Ave. Interviewers/Case	1.74		1.01		p<.0000
<b>B. INCIDENCE OF MULTIPLE INTERVIEWERS, BY SUBGROUP</b>					
	BASELINE %		PILOT PROJECT %		Significant difference*
ALL CASES	45%		1%		*
CHILD CHARACTERISTICS					
AGE					
3-5 yrs.	30%		2%		*
6-8 yrs.	35%		0%		*
9-14 yrs.	60%		2%		*
ETHNICITY					
White	42%		1%		*
Not White	53%		2%		*
CASE CHARACTERISTICS					
ALLEGED PERPETRATOR					
Parent	51%		0%		*
Not Parent	43%		2%		*
Stranger	37%		0%		*
Known	48%		2%		*
In Household	61%		1%		*
Not in Household	34%		2%		*
SEVERITY OF ABUSE					
Most	48%		2%		*
Less	41%		0%		*
PENETRATION					
Yes	48%		0%		*
No	42%		2%		*
COERCION					
Yes	57%		1%		*
No	42%		1%		*

\* Significant difference between baseline and pilot project groups; p<.05

TABLE 5.3. Total Sacramento Interview Time by Pilot Project Status and Case Characteristics (Sacramento)

	BASELINE			PILOT PROJECT			p-Value
	Minutes	(LCI, UCI)*		Minutes	(LCI, UCI)*		
ALL CASES	62.6	54.1	71.1	37.2	34.6	39.9	0.0000
CHILD CHARACTERISTICS							
AGE							
3-5 yrs.	41.5	33.5	49.5	26.1	23.0	29.2	0.0000
6-8 yrs.	51.4	37.6	65.3	40.9	35.5	46.4	ns
9-14 yrs.	81.3	66.3	96.3	43.1	38.8	47.4	0.0000
ETHNICITY							
White	60.4	51.7	69.1	37.2	33.9	40.4	0.0000
Not White	68.4	47.2	89.7	37.4	32.5	42.3	0.0013
CASE CHARACTERISTICS							
ALLEGED PERPETRATOR							
Parent	75.9	53.4	98.4	39.9	34.1	45.7	0.0004
Not Parent	58.2	49.6	66.8	36.0	33.2	38.9	0.0000
Stranger	43.7	33.8	53.6	36.4	31.3	41.5	ns
Known	68.6	58.1	79.4	37.5	34.3	40.6	0.0000
In Household	85.0	68.3	101.7	39.6	34.5	44.7	0.0000
Not in Household	46.4	39.3	53.5	35.6	32.7	38.6	0.0031
SEVERITY OF ABUSE							
Most	70.0	57.6	82.4	42.0	38.8	45.1	0.0000
Less	50.9	41.3	60.5	25.5	21.8	29.2	0.0000
PENETRATION							
Yes	69.6	56.3	82.9	44.9	40.1	49.7	0.0013
No	54.7	44.6	64.8	32.4	29.5	35.2	0.0000
COERCION							
Yes	91.8	68.4	115.2	46.0	40.5	51.5	0.0000
No	53.5	45.5	61.5	32.9	30.2	35.6	0.0000

\* Lower and Upper 95% Confidence Interval Limits  
 ns = not significant

TABLE 5.4. Stepwise Regression Results for Total Interview Time (Sacramento)

Outcome Variable	Step		Regression Coefficient	
	Independent Variable	beta*	b	(LCI**, UCI**)
Total Interview Time	1 Pilot Project	-0.3009	-19.1870	(-26.783, -11.591)
	2 Severe Abuse	0.2963	13.9110	( 7.421, 20.400)
	3 Video	0.2267	11.9780	( 6.148, 17.808)
	4 Age	0.2296	6.3550	( 3.127, 9.583)
Variables not in equation: Coercion, Parental Abuse, Race				
Adjusted R-sq.: .2626				

\* Standardized Regression Coefficient

\*\* Lower and Upper 95% Confidence Interval of Regression Coefficient, b.

TABLE 5.5. Child's Feelings at End of First Interview Scores by Pilot Project Status and Case Characteristics (Sacramento)

A. SCORE DISTRIBUTION*	BASELINE		PILOT PROJECT	
	N	%	N	%
1	4	8.3%	75	42.4%
2	6	12.5%	58	32.8%
3	26	54.2%	32	18.1%
4	10	20.8%	7	4.0%
5	2	4.2%	3	1.7%
6	0	0.0%	2	1.1%
TOTAL	48	100.0%	177	100.0%

B. AVERAGE SCORE, BY SUBGROUP	Average Scores		Average Scores	p Value**
ALL CASES	3.00		1.93	.0000
CHILD CHARACTERISTICS				
AGE				
3-5 yrs.	2.75		1.73	.0008
6-8 yrs.	3.07		1.82	.0000
9-14 yrs.	3.10		2.14	.0009
ETHNICITY				
White	2.98		1.96	.0000
Not White	3.14		1.88	.0019
CASE CHARACTERISTICS				
ALLEGED PERPETRATOR				
Parent	3.39		2.02	.0001
Not Parent	2.86		1.89	.0000
Stranger	2.91		1.97	.0140
Known	3.03		1.92	.0000
SEVERITY OF ABUSE				
Most	3.03		2.03	.0000
Less	2.95		1.63	.0000
PENETRATION				
Yes	3.07		2.15	.0002
No	2.90		1.78	.0000
COERCION				
Yes	3.15		2.00	.0002
No	2.94		1.90	.0000

\* Scores range from 1 (most positive) to 6 (least positive)

\*\* p Values for subgroup comparison between baseline and pilot project cases

TABLE 5.6. Stepwise Regression Results for Child's Assessment of Interview (Sacramento)

Outcome Variable	Step		beta <sup>*</sup>	Regression Coefficient	
	Independent Variable			b	(LCI <sup>**</sup> , UCI <sup>**</sup> )
Child's Assessment of Interview	1	Pilot Project	-0.3572	-1.0246	(-1.378 , -.6716)
	2	Age	0.1647	0.2044	( 0.0507 , .3582)
Variables not in equation: Severe Abuse, Coercion, Parental Abuse, Race, Video					
Adjusted R-sq.: .1468					

\* Standardized Regression Coefficient

\*\* Lower and Upper 95% Confidence Interval of Regression Coefficient, b.

TABLE 5.7. Child's Feelings at End of First Interview Scores by Pilot Project Status and Case Characteristics (Orange)

AVE. SCORE <sup>*</sup> , BY SUBGROUP	BASELINE	PILOT PROJECT	p-Value <sup>**</sup>
	Average Scores	Average Scores	
ALL CASES	3.45	2.90	ns
CASE CHARACTERISTICS			
SEVERITY OF ABUSE			
Most	3.67	3.05	ns
Less	3.25	2.63	ns
PENETRATION			
Yes	3.57	3.09	ns
No	3.35	2.78	ns
COERCION			
Yes	4.27	3.15	0.03
No	2.52	2.75	ns

\* Scores range from 1 (most positive) to 6 (least positive)

\*\* p-Values for subgroup comparisons between baseline and pilot project cases

ns = not significant (p<.05)

TABLE 5.8. Child's Feelings About First Interview Place by Pilot Project Status and Case Characteristics (Sacramento)

A. SCORE DISTRIBUTION* Score	BASELINE		PILOT PROJECT	
	N	%	N	%
1	4	10.0%	138	77.5%
2	12	30.0%	28	15.7%
3	17	42.5%	9	5.1%
4	7	17.5%	1	0.6%
5	0	0.0%	1	0.6%
6	0	0.0%	1	0.6%
TOTAL	40	100.0%	178	100.0%

B. AVERAGE SCORE, BY SUBGROUP	Average Scores	Average Scores	p Value**
ALL CASES	2.68	1.33	.0000
CHILD CHARACTERISTICS			
AGE			
3-5 yrs.	2.73	1.40	.0000
6-8 yrs.	2.50	1.20	.0000
9-14 yrs.	2.72	1.39	.0000
ETHNICITY			
White	2.68	1.32	.0000
Not White	2.67	1.34	.0001
CASE CHARACTERISTICS			
ALLEGED PERPETRATOR			
Parent	2.83	1.34	.0000
Not Parent	2.61	1.32	.0000
Stranger	2.67	1.32	.0001
Known	2.67	1.33	.0000
In Household			
Not in household			
SEVERITY OF ABUSE			
Most	2.68	1.36	.0000
Less	2.67	1.23	.0000
PENETRATION			
Yes	2.71	1.38	.0000
No	2.63	1.29	.0000
COERCION			
Yes	2.50	1.14	.0000
No	2.73	1.42	.0000

\* Scores range from 1 (most positive) to 6 (least positive)

\*\* p-Values for subgroup comparison between baseline and pilot project cases

TABLE 5.9. Child's Feelings About First Interview Place by Pilot Project Status and Case Characteristics (Orange)

AVE. SCORES*, BY SUBGROUP	BASELINE	PILOT PROJECT	p-Value**
	Average Scores	Average Scores	
ALL CASES	2.71	1.73	0.0000
CASE CHARACTERISTICS			
SEVERITY OF ABUSE			
Most	2.87	1.72	0.0000
Less	2.56	1.74	0.0016
PENETRATION			
Yes	2.71	1.74	0.0006
No	2.71	1.72	0.0001
COERCION			
Yes	3.00	1.72	0.0000
No	2.28	1.73	0.0001

\* Scores range from 1 (most positive) to 6 (least positive)

\*\* p-Values for subgroup comparisons between baseline and pilot project cases

TABLE 5.10. Stepwise Regression Results for Child's Assessment of Interview Place (Sacramento)

Outcome Variable	Step	Independent Variable	beta*	Regression Coefficient	
				b	(LCI** , UCI**)
Child's Assessment of Interview Place	1	Pilot Project	-0.5658	-1.430	(-1.694 , -1.167)
	2	Video	-0.1781	-0.330	(-0.535 , -0.125)
Variables not in equation: Severe Abuse, Coercion, Parental Abuse, Race, Age					
Adjusted R-sq.: .3446					

\* Standardized Regression Coefficient

\*\* Lower and Upper 95% Confidence Interval of Regression Coefficient, b.

TABLE 5.11. Number of Interview Settings and Incidence of Multiple Interview Sites by Various Characteristics (Sacramento)

A. NUMBER OF SETTINGS	BASELINE		PILOT PROJECT		p-Value
	N	%	N	%	
1	111	62.7%	209	98.6%	0.000
2	50	28.2%	3	1.4%	
3	14	7.9%	0	0.0%	
4	2	1.1%	0	0.0%	
Any Multiple Setting	66	37.3%	3	1.4%	
TOTAL	177	100.0%	212	100.0%	
Ave. No. of Settings	1.47		1.01		0.000
<b>B. PROBABILITIES OF MULTIPLE SETTINGS, BY SUBGROUP</b>					
	%		%		Significant difference*
ALL CASES	37%		1%		*
CHILD CHARACTERISTICS					
AGE					
3-5 yrs.	33%		0%		*
6-8 yrs.	35%		0%		*
9-14 yrs.	42%		4%		*
ETHNICITY					
White	33%		1%		*
Not White	49%		1%		*
CASE CHARACTERISTICS					
ALLEGED PERPETRATOR					
Parent	53%		2%		*
Not Parent	32%		1%		*
Stranger	21%		0%		*
Known	43%		2%		*
In Household	53%		3%		*
Not in Household	26%		0%		*
SEVERITY OF ABUSE					
Most	40%		1%		*
Less	33%		2%		*
PENETRATION					
Yes	43%		0%		*
No	31%		2%		*
COERCION					
Yes	40%		0%		*
No	36%		2%		*

\* Significant difference between baseline and pilot project groups; p<.05

TABLE 5.12. Recommended and Received Mental Health Services,  
by Pilot Project Status and Various Characteristics (Sacramento)

PER CENT OF SUBGROUP	BASELINE			PILOT PROJECT			p-Values (p<.05 only)		
	Rcm %	Rcv %	Rcv/Rcmd %	Rcm %	Rcv %	Rcv/Rcmd %	Rcmd	Rcv	Rcv/ Rcmd
ALL CASES	46%	21%	46%	98%	95%	97%	*	*	*
CHILD CHARACTERISTICS									
AGE									
3-5 yrs.	37%	13%	35%	97%	95%	98%	*	*	*
6-8 yrs.	46%	20%	43%	98%	93%	95%	*	*	*
9-14 yrs.	52%	27%	51%	98%	96%	99%	*	*	*
ETHNICITY									
White	48%	18%	38%	98%	94%	96%	*	*	*
Not White	43%	29%	67%	97%	97%	100%	*	*	*
CASE CHARACTERISTICS									
ALLEGED PERPETRATOR									
Parent	58%	22%	38%	99%	97%	98%	*	*	*
Not Parent	42%	21%	48%	98%	94%	96%	*	*	*
Stranger	47%	19%	40%	96%	96%	100%	*	*	*
Known	46%	22%	47%	98%	95%	96%	*	*	*
In Household	53%	24%	46%	99%	98%	99%	*	*	*
Not in household	42%	18%	44%	97%	93%	96%	*	*	*
SEVERITY OF ABUSE									
Most	52%	28%	54%	97%	95%	98%	*	*	*
Less	38%	10%	27%	98%	93%	95%	*	*	*
PENETRATION									
Yes	52%	27%	51%	98%	98%	100%	*	*	*
No	40%	15%	36%	98%	93%	95%	*	*	*
COERCION									
Yes	60%	43%	72%	97%	96%	99%	*	*	*
No	42%	14%	33%	98%	94%	96%	*	*	*

\* Significant difference for comparison of baseline and pilot project subgroup proportions; p<.05

Rcm = Mental health services recommended

Rcv = Mental health services received

Rcv/Rcmd = % with M.H. services recommended that also received any service

Figure 5.1. Multiple Interviews by Project and Severity Status(Sacramento)

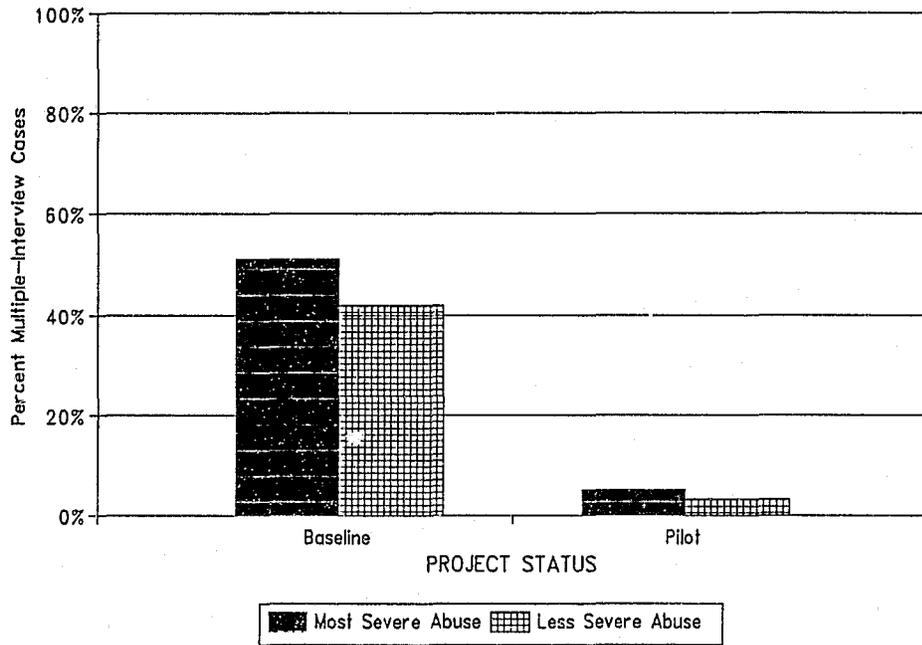


Figure 5.2. Multiple Interviewers by Project and Severity Status(Sacramento)

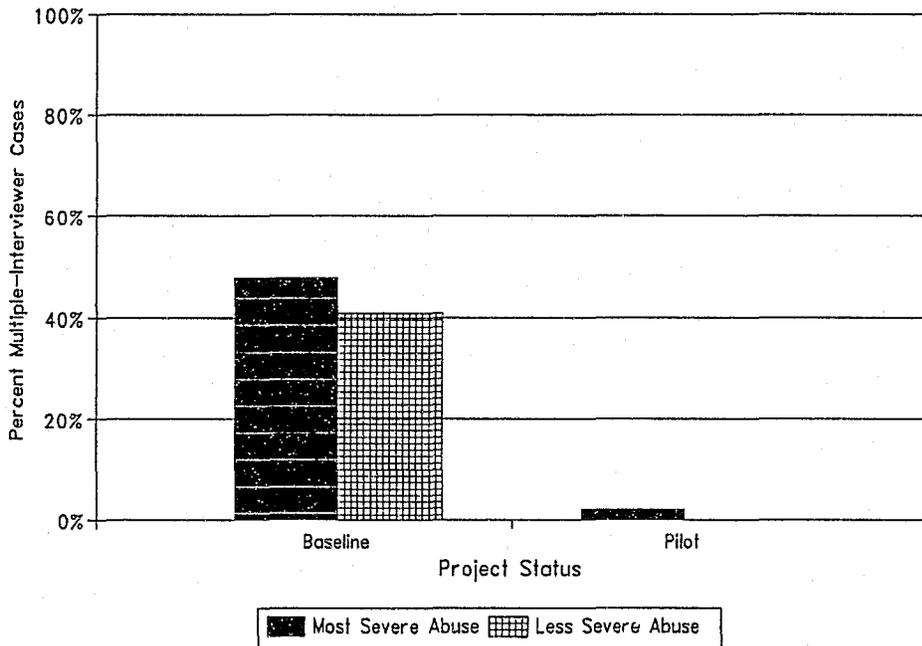


Figure 5.3. Total Interview Time by Project and Severity Status(Sacramento)

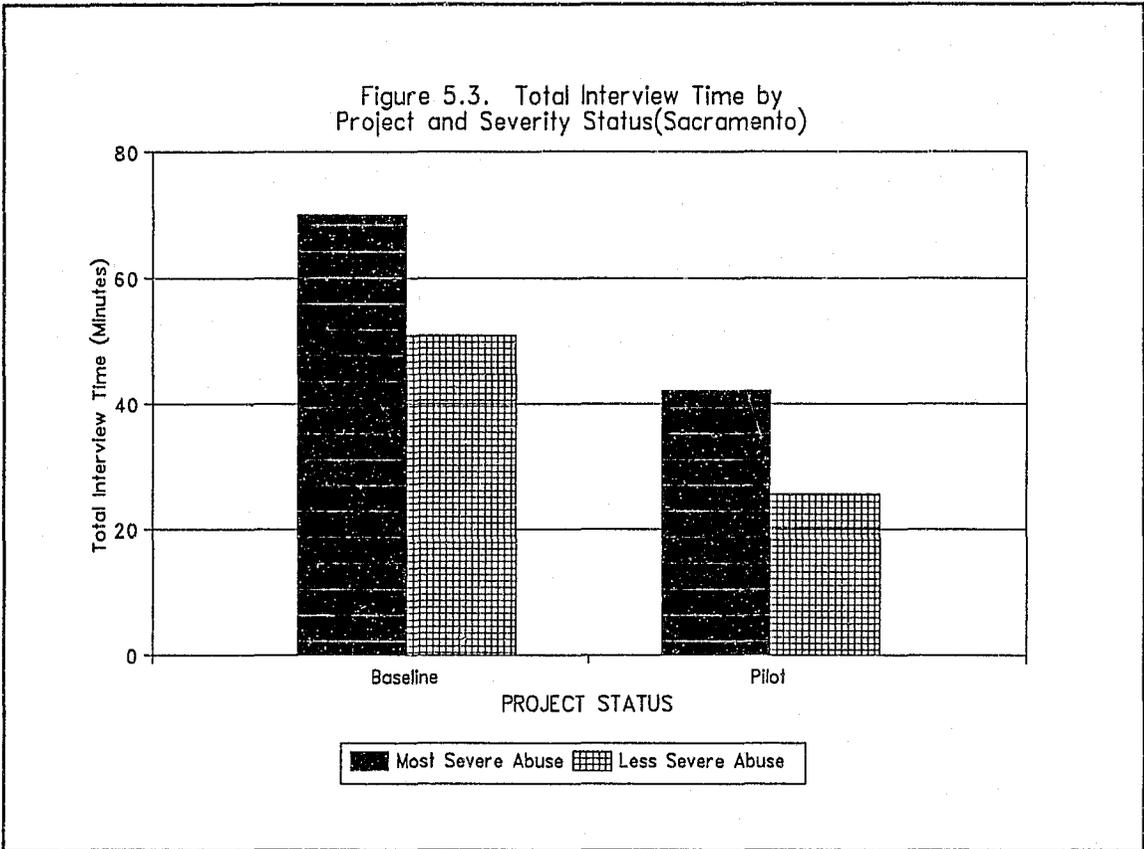


FIGURE 5.4. Feelings about Interview by Project and Severity Status(Sacramento)

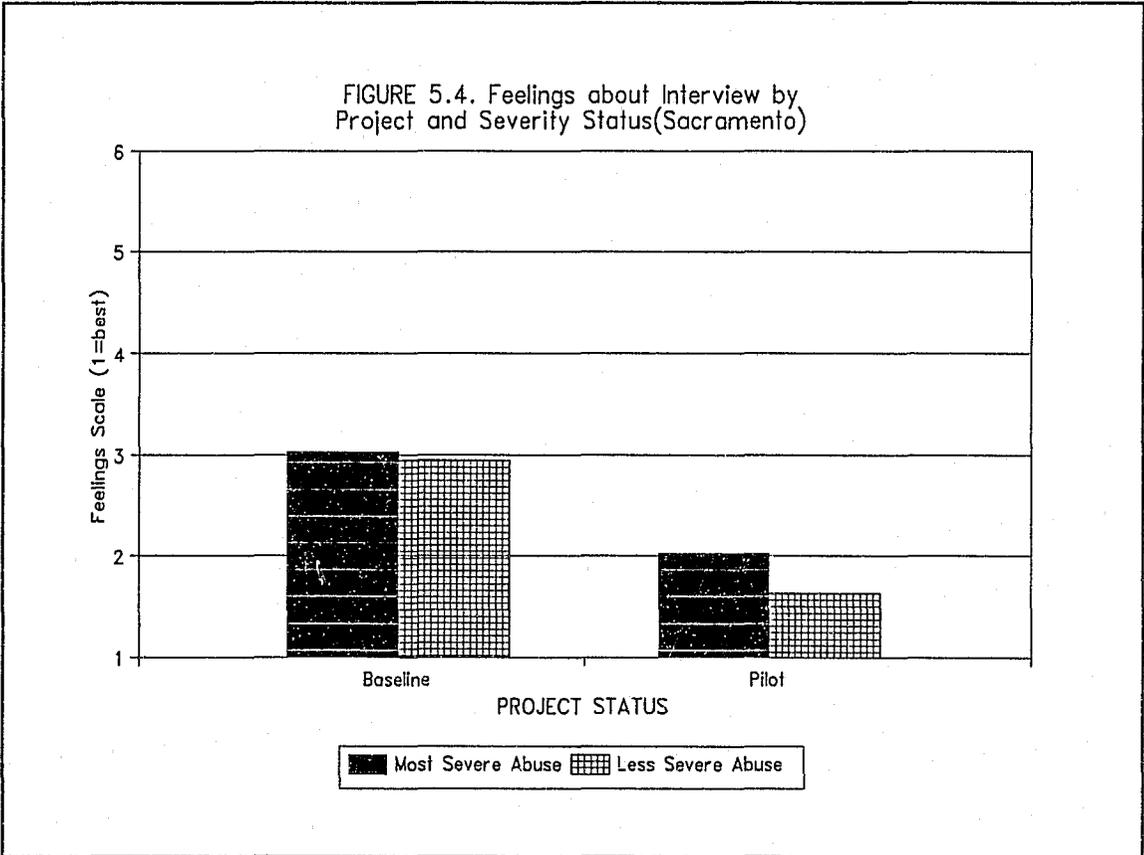


FIGURE 5.5. Feelings about Site by Project and Severity Status(Sacramento)

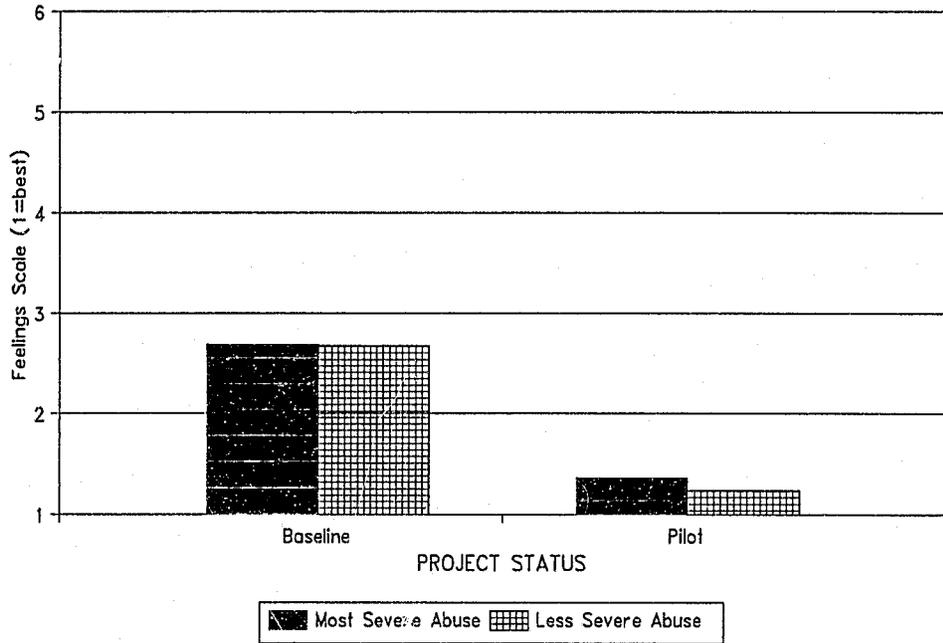


FIGURE 5.6. Feelings about Site by Project and Severity Status (Orange)

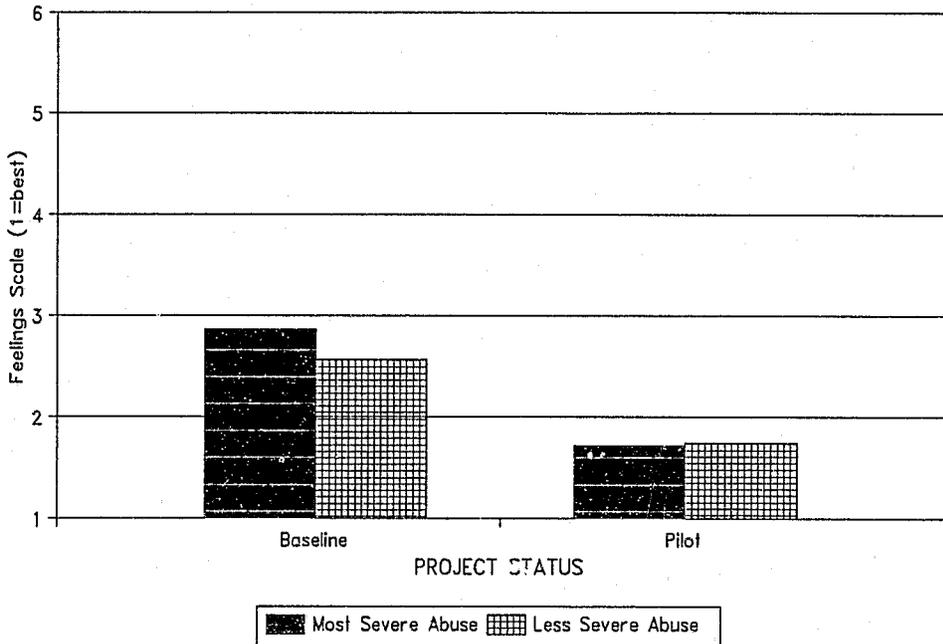


FIGURE 5.7. Multiple Settings by Project and Severity Status(Sacramento)

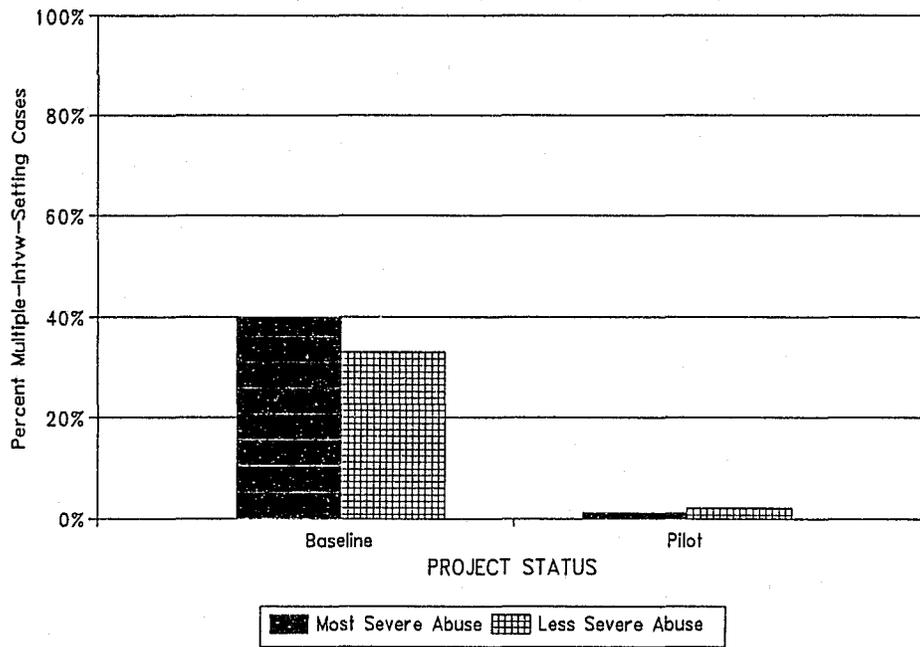


Figure 5.8. Recommended Mental Health Services by Project/Severity (Sac.)

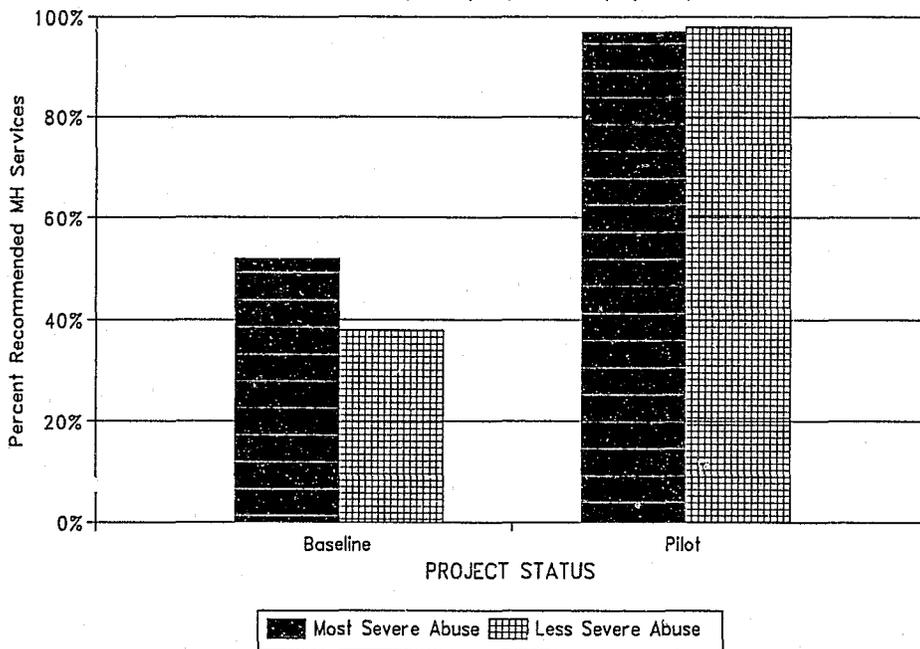


Figure 5.9. Received Mental Health Services by Project/Severity (Sac.)

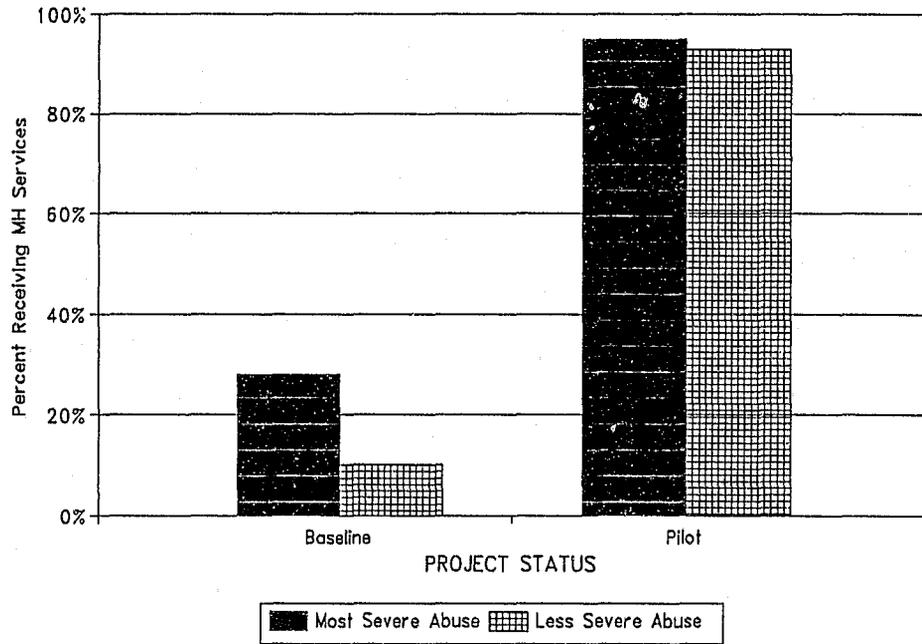


FIGURE 5.10. Other Services Recommended by Project and Severity Status (Sac.)

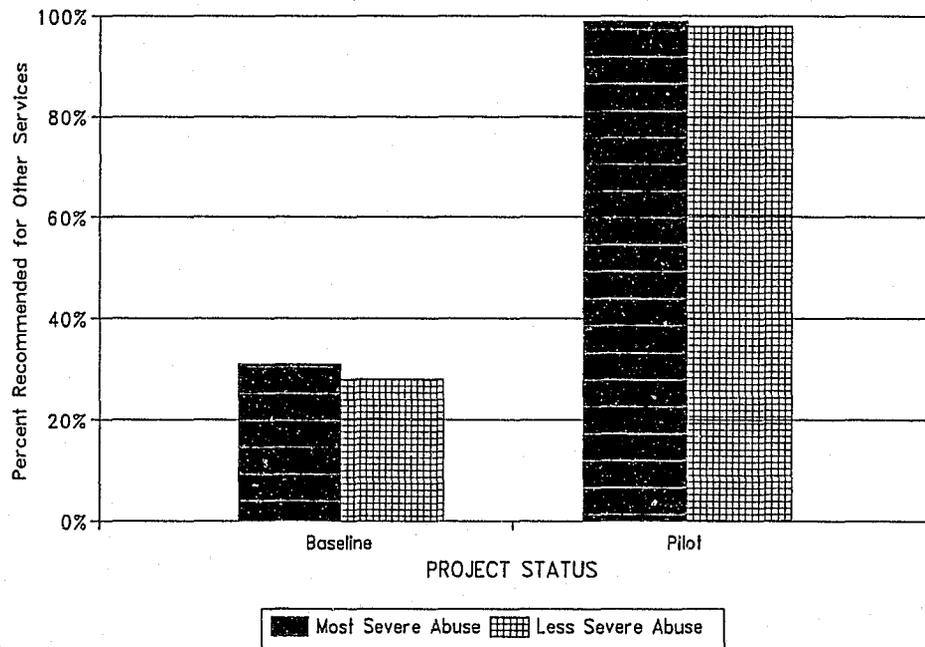
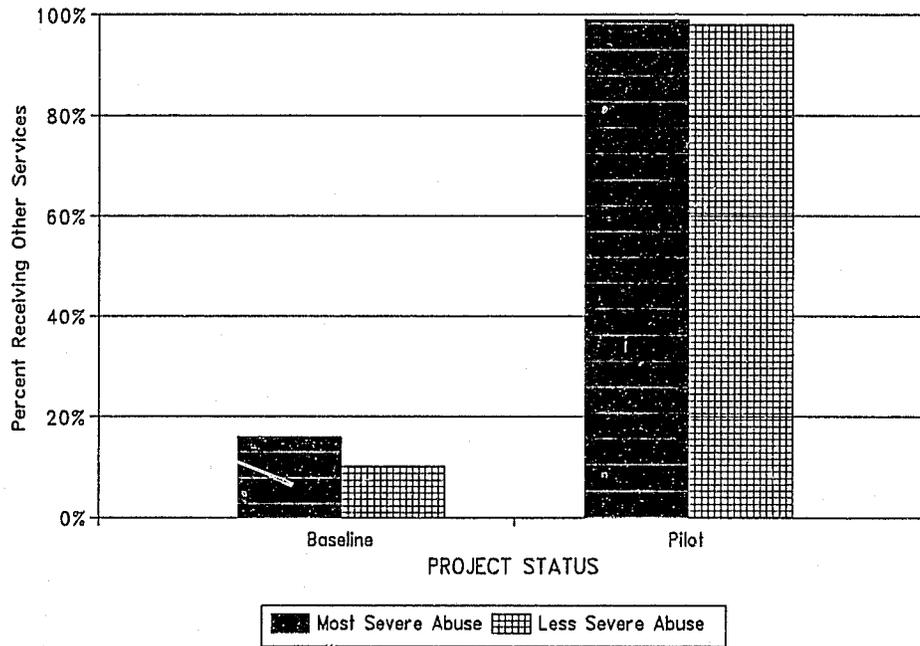


FIGURE 5.11. Other Services Received by Project and Severity Status (Sac.)



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## Chapter 6

# Videotaping Investigative Interviews of Children

### Introduction

Should investigative interviews of children be videotaped? This question has sparked lively debate in California and around the United States. For example, in 1988, California's legislatively created Child Victim Witness Judicial Advisory Committee was so deeply divided on videotaping that it was unable to make a recommendation on the subject (Attorney General, 1988).

Professionals in the field echo the divided opinion of the Judicial Advisory Committee. For example, Paul Stern, an experienced child abuse prosecutor in Washington State, asserts that "[r]outinely videotaping investigative interviews with children suspected of being victims of sexual abuse does not promote an accurate determination of guilt, is not in the best interests of the child, is counterproductive to prosecution, and is unnecessary" (Stern, 1992, p. 278). In contrast, the equally experienced San Diego prosecutor, Catherine Stephenson, argues that "[a] multiagency approach to videotaping evidentiary interviews of suspected child abuse victims enhances prosecution efforts and serves the best interests of the child by reducing the number of interviews and the number of interviewers to which a child is subjected" (Stephenson, 1992, p. 284).

Those who favor videotaping point out that taping preserves invaluable evidence of child abuse: *The child's own words*. Proponents of videotaping also assert that videotaping increases the quality of interviews by reducing the likelihood that interviewers will use highly leading questions. Opponents of videotaping worry that no matter how flawless the interview, defense counsel will find fault, picking the interview apart question by question, unfairly undermining the child's credibility. Opponents also fear that an unwarranted amount of attention will focus on the videotape, distracting the jury's attention from other evidence of abuse.

Which side of the videotape debate is correct? As with most complex issues, neither side is the obvious winner. To date, however, the debate has been hampered by a lack of systematic evaluation. For the most part, proponents and opponents of videotaping base their arguments on individual experience or, barring that, speculation.

The California Legislature recognized that research was needed to flesh out the debate over videotaping. Thus, one of the primary goals of the pilot projects was to evaluate videotaping. This chapter reports on the videotape component of the pilot projects.

### Method

Meaningful evaluation of the effects of videotaping requires a comparison between interviews that are videotaped and interviews that are not. The present evaluation employed a "before and after" model of comparison. With the before and after model, all aspects of the investigation were held constant over time. The only variable to change was videotaping. The pilot project phase of the evaluation began by conducting a predetermined number of interviews (100) without videotaping. Then, when the non-videotape portion of the pilot project phase was complete, an equal number of interviews were videotaped. At the end of the

process, comparisons were made between video-off and video-on cases. Of course, with the before-after model it is not possible to control for subtle changes in the investigative process that occur over the life of a research project.

## Implementation of Videotaping

### Sacramento County

For a period of six months prior to the opening of the Sacramento multidisciplinary interview center in August, 1991, Sacramento gathered baseline data on 177 child abuse cases. Long before the multidisciplinary interview center opened, the Sacramento County Sheriff's Department had been videotaping its investigative interviews of children. The Sheriff's Department continued this long-standing practice throughout the period of data collection for the pilot project. Unlike the Sheriff's Department, the Sacramento Police Department did not have a tradition of videotaping its interviews of children. Thus, for the Police Department, videotaping interviews was an innovation.

When the multidisciplinary interview center opened in August, 1991, all components of the multidisciplinary project, including interviewing, got underway. To implement the "before" component of the design, the multidisciplinary interview center began by conducting interviews *without* videotaping. Since the Sheriff's Department was already videotaping its interviews, Sheriff's interviews were not counted in the "before" component of the evaluation. *Non*-videotaped interviews in the "before" component of the evaluation are entirely from the Sacramento Police Department. During the "before" component, the multidisciplinary interview center used 102 successive Police Department interviews in the camera-off mode.

When a sufficient number of *non*-videotaped interviews were completed to satisfy the "before" component of the evaluation, the camera was turned on for the "after" component of the evaluation, and the next 110 interviews were videotaped. The "after" component of the evaluation included cases from both the Police *and* Sheriff's departments.

### Orange County

Prior to implementation of the pilot project as part of the already existing Child Abuse Services Team (CAST) in January, 1992, Orange County collected baseline data on 373 cases. In Orange County, none of the participating law enforcement agencies were videotaping interviews before the pilot project began. When the pilot project went on-line in January, 1992, data collection began on the "before" component of the evaluation. During the "before" component, 570 interviews were conducted in the camera-off mode. Upon completion of the "before" component, the camera was switched on for the "after" component, and another 388 interviews were videotaped.

## Data Collection Regarding Videotaping

Data regarding videotaping were collected in three ways. First, at the end of the pilots, a project survey questionnaire was distributed.<sup>1</sup> The project survey questionnaire contains two questions that focus directly on videotaping, and several questions that relate tangentially to videotaping.

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<sup>1</sup> For discussion of the Project Survey, see Chapter 4. For the Project Survey itself, see Appendix F.

The second source of information on videotaping is the case data form completed for each case.<sup>2</sup>

The third data source regarding videotaping is a one page survey focused entirely on videotaping. The video survey was distributed in November 1991, at the beginning of the pilot projects, and again in June 1993, near the end of the pilots. (See Appendix G for the two video surveys). Both the project and videotape surveys were completed by professionals familiar with the pilot projects, including law enforcement officers, attorneys, judges, and social workers.

## Results

This section is divided into three subsections. The first subsection discusses results from Sacramento County (page 59 to 64). The second subsection discusses Orange County (pages 64 to 68). The final subsection discusses combined findings from the two counties (pages 69 to 70). Readers who are interested specifically in Sacramento or Orange counties will want to read those subsections. Readers who are interested in the combined results may wish to skip the county specific information and proceed directly to page 69, where the combined data are described.

### Sacramento County

Videotaping was implemented in Sacramento County in accordance with the legislation creating the pilot projects. Moreover, agencies involved in the Sacramento pilot project demonstrated exemplary leadership and cooperation regarding videotaping.

#### Project Survey Questionnaire

The project survey was completed in 1993, near the end of the Sacramento pilot project. Question 17 of the survey provides data on implementation of videotaping. The question asked the extent to which interviews were videotaped. Respondents rated the extent of videotaping on a five point scale, with 1 indicating "almost never videotaped," and 5 indicating "almost always videotaped." The average rating was 4.7, indicating that when interviews were supposed to be videotaped, they were.<sup>3</sup>

In addition to asking the extent to which interviews were videotaped, question 17 of the project survey asked how well videotaping was implemented in Sacramento. The 5 point scale ranged from 1, indicating "very poorly implemented," to 5, indicating "very well implemented." The average rating was 4.6, indicating a very high opinion of how well videotaping was implemented in Sacramento.

Question 18 of the project survey questionnaire provides information on perceptions of professionals on three critically important issues. First, does videotaping interviews reduce trauma to children? Second, does videotaping increase the effectiveness of the investigation? Third, does videotaping save valuable professional time?

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<sup>2</sup> For a description of the case data collection system designed by the Children's Advocacy Institute see Chapter 4 and Appendix D.

<sup>3</sup> By design, the first 100 interviews at the MDIC were not videotaped, therefore, the results described in the text refer to the second 100 interviews, which were supposed to be videotaped.

On the issue of trauma to children, a five point scale was used, with 1 indicating "less trauma," and 5 indicating "more trauma." The average rating was 2.0, demonstrating that most respondents felt videotaping reduced trauma to children.

Question 18 asks whether videotaping increases the effectiveness of the investigation. A five point scale was used, with 1 indicating videotaping made the investigation "less effective," and 5 indicating "more effective." The average rating was 4.5, providing solid evidence that involved professionals believe videotaping enhances investigative efforts.

Question 18 asks whether videotaping saves time for professionals involved in the investigative process. A five point scale was used, with 1 indicating that videotaping "saves time," and 5 indicating that videotaping takes "more time." The average rating was 2.4, disclosing moderate support for the conclusion that videotaping saves professional time.

### **Case Data**

Extensive data were collected on cases handled by the Sacramento pilot project. (For a description of the case data see chapters 4 and 5). Although these data provide important information on many aspects of the pilot project, they shed relatively little light on the effects of videotaping due to the small number of court outcomes.

The case data suggest that videotaping does not lead to a decline in the rate at which Deputy District Attorneys file formal criminal charges.

### **Videotape Survey Data**

The videotape surveys are a rich source of information on the perceptions of professionals working directly in child abuse investigation. In Sacramento, the 1991 survey was distributed only to law enforcement and deputy district attorneys. The 1993 survey was distributed to law enforcement, deputy district attorneys, county counsel, social workers, and judicial officers. A small number of public defenders were contacted by phone and asked to provide the information contained on the videotape survey. Table 6.1 indicates the position and number of Sacramento professionals responding to the 1991 and 1993 video survey questionnaires.

SACRAMENTO COUNTY:  
VIDEOTAPE SURVEY RESPONDENTS  
BY POSITION

1991 Survey*			1993 Survey**		
<u>Position</u>	<u>Number Responding</u>	<u>Percent of Respondents</u>	<u>Position</u>	<u>Number Responding</u>	<u>Percent of Respondents</u>
Law Enforcement	19	73%	Law Enforcement	10	26%
Deputy D.A.	7	27%	Deputy D.A.	7	18%
			Judicial Officer	3	8%
			Social Worker	10	26%
			Other	5	13%

\* Six of the nineteen law enforcement officers and five of the seven deputy D.A.s also responded to the 1993 Survey. In all subsequent analysis, these respondents have been excluded from figures reported for 1991, so that all figures represent the most recent opinions of those responding to the Survey.

\*\* Since not all respondents indicated their position, the percents do not total 100%.

Table 6.1

**Percent of Cases in Which Videotaping: (1) Useful, (2) Harmful, or (3) Neither Useful Nor Harmful**

The videotape survey asked respondents to estimate the *percent of cases* in which videotaping interviews was either (1) useful, (2) harmful, or (3) neither useful nor harmful. The following question elicited this data:

"Based on your experience with those cases using videotapes, what is your general impression of the effect of videotaped interviews on cases:

- a. Useful in \_\_\_% or number of cases
- b. Harmful in \_\_\_% or number of cases
- c. Neither helpful nor harmful in \_\_\_% or number of cases."

A large majority of Sacramento respondents indicated that videotaping is useful in a high percent of cases. Relatively few respondents indicated that videotaping is harmful. Quite a few respondents indicated that in some cases videotaping neither helps nor harms the case.

The only group of Sacramento professionals who felt videotaping was harmful in a substantial percent of cases was attorneys employed as Deputy County Counsel. In Sacramento County, attorneys from the Office of the County Counsel represent the Department of Social Service in Juvenile Court dependency proceedings. One Deputy County Counsel wrote that "[v]ideotapes are used almost exclusively to impeach children or attack their credibility in some manner. This is *always* harmful to the child. I was a proponent of videotaping and now have to say I have changed my mind." Another Deputy County Counsel remarked that "[t]he defense attorneys have utilized the tapes to their benefit, for example, impeachment purposes."

These concerns by Sacramento Deputy County Counsel are not to be ignored. One of the primary arguments used by opponents of videotaping is that defense attorneys use the tapes to point out inconsistencies in children's testimony. (See p. 76 for discussion of this argument). It is interesting to note, however, that Sacramento Deputy District Attorneys did not raise similar concerns about videotaped interviews. The REAP cannot explain these differing perceptions. Informal inquiry by the REAP disclosed, however, that some Deputy County Counsels felt excluded from decision making at the multidisciplinary interview center. These County Counsels apparently felt that their needs for information were not given sufficient attention. Although County Counsels were invited to observe interviews at the center, they declined for the most part to do so. Thus, one can speculate that, to some extent, problems of cooperation — turf issues — may have undermined the relationship between County Counsel and other professionals in the multidisciplinary interview process, leading to greater criticism by County Counsel.

Apart from the negative assessments of the Deputy County Counsels, most Sacramento professionals viewed videotaping as useful.

**Assessment of Cases When Videotaping is Helpful or Harmful to Investigation**

The question described in subsection 1, above, asked respondents to estimate the *percent of cases* in which videotaping was useful, harmful, or neither useful nor harmful. In addition to asking respondents to estimate the percent of cases where videotaping was useful or harmful, the REAP was interested in respondents' personal impressions of videotaping. To tap this information, the following question was asked:

"Please explain how you think videotaping child victim witness interviews is helpful or harmful."

Sacramento respondents' answers to this question provide a rich source of qualitative data on videotaping. It should be noted that many professionals believe videotaping has the potential to be both helpful and harmful, depending on the circumstances of the case. Thus, in responding to this question, some professionals listed *both* helpful and harmful effects of videotaping. The large majority (83%) of Sacramento respondents indicated that videotaping has helpful effects. Approximately 30% of respondents mentioned harmful effects. Thus, as mentioned above, videotaping has both helpful and harmful effects. The important finding, however, is that more professionals report helpful effects of videotaping than harmful. Table 6.2 summarizes these findings:

SACRAMENTO COUNTY:  
PERCENT OF TOTAL RESPONDENTS MENTIONING  
HELPFUL AND/OR HARMFUL EFFECTS OF VIDEOTAPING

	1991 Survey		1993 Survey		Both Years	
	Number	Percent	Number	Percent	Number	Percent
Any Response	13	87%	37	97%	50	94%
Helpful	13	87%	31	82%	44	83%
Harmful	4	27%	11	29%	15	28%

Table 6.2

Beyond percents, the written responses to the question about useful and harmful effects of videotaping afford insight into the experience of professionals doing this difficult work. The written responses are analyzed in the Discussion section of this chapter.

**Should Investigative Interviews be Videotaped in the Future?**

To determine whether professionals believe investigative interviews should be videotaped in the future, the following question was asked:

"Would you like to have child victim witness interviews videotaped in the future?  
 No \_\_\_\_.  
 Yes, routinely \_\_\_\_.  
 Yes, selectively (on a case-by-case basis) \_\_\_\_."

The results of this question are remarkable. Apart from two Deputy County Counsels, in 1993 *not a single Sacramento County professional indicated they would not like to have interviews videotaped!* When it comes to a choice between routine and selective videotaping, 69% (excluding County Counsels) favor routine videotaping, while 29% favor selective videotaping. (See Table 6.3.)

SACRAMENTO COUNTY:  
 SHOULD INVESTIGATIVE INTERVIEWS  
 BE VIDEOTAPED IN THE FUTURE?  
 TOTAL FOR ALL PROFESSIONS  
 1993 SURVEY

WITH COUNTY COUNSEL INCLUDED			WITH COUNTY COUNSEL EXCLUDED		
	<u>Number</u>	<u>Percent</u>		<u>Number</u>	<u>Percent</u>
All Responses	38	100%	All Responses	35	100%
No	2	5%	No	0	0%
Yes, routinely	24	63%	Yes, routinely	24	69%
Yes, selectively	11	29%	Yes, selectively	10	29%
No response	1	3%	No response	1	3%

Table 6.3

When the question about videotaping in the future is analyzed according to professional group, the results are interesting. See Table 6.4. Social workers and law enforcement were almost evenly divided between routine and selective videotaping, 60% of respondents favor routine videotaping, while 40% desire selective taping. Perhaps most surprising is that 100% of Deputy District Attorneys responding to the survey favor routine videotaping! This result is remarkable in light of the fact that around the United States, the most vocal critics of videotaping tend to be prosecutors. Clearly, for Sacramento prosecutors who responded to the survey, the benefits of videotaping outweigh the drawbacks.

SACRAMENTO COUNTY:  
SHOULD INVESTIGATIVE INTERVIEWS  
BE VIDEOTAPED IN THE FUTURE?  
BREAKDOWN BY PROFESSIONAL GROUPS  
1993 SURVEY

<u>Social Services</u>	<u>Number</u>	<u>Percent</u>
No	0	0%
Yes, routinely	6	60%
Yes, selectively	4	40%
 <u>Deputy D.A.</u>		
No	0	0%
Yes, routinely	7	100%
Yes, selectively	0	0%
 <u>Judicial Officers</u>		
No	0	0%
Yes, routinely	2	67%
Yes, selectively	1	33%
 <u>Law Enforcement</u>		
No	0	0%
Yes, routinely	6	60%
Yes, selectively	4	40%
 <u>County Counsel</u>		
No	2	67%
Yes, routinely	0	0%
Yes, selectively	1	33%

Table 6.4

## Orange County

The Orange County Pilot Project implemented the videotaping component of the project in accordance with the enabling legislation.

### Project Survey Questionnaire

Question 17 asked respondents about two issues: First, how often interviews were videotaped. Second, how well videotaping was implemented in Orange County. On the first issue, respondents rated the extent of videotaping on a five point scale, with 1 indicating "almost never videotaped," and 5 indicating "almost always videotaped." The average rating on this issue was 4.4, indicating that most respondents thought videotaping was well implemented.

The second issue addressed by question 17 concerned how well videotaping was implemented. A five point scale was used, with 1 indicating "very poorly implemented," and 5, indicating "very well implemented." The average rating was a very positive 4.4.

Question 18 of the project survey questionnaire provides information on three important issues: (1) Does videotaping interviews reduce trauma to children? (2) Does videotaping increase the effectiveness of the investigation? (3) Does videotaping save time for professionals?

Regarding trauma to children, a five point scale was used, with 1 indicating that videotaping caused "less trauma," and 5 indicating "more trauma." The average rating in Orange County was 1.7. Thus, professionals working directly with abused children felt strongly that videotaping contributed to lower trauma for children.

Regarding the effectiveness of the investigation, Orange County respondents were very positive. The familiar five point scale was used, with 1 indicating videotaping made the investigation "less effective," and 5 indicating "more effective." The average rating was 4.0.

The final issue addressed by question 18 is whether videotaping interviews saves time for professionals. A five point scale was used, with 1 indicating that videotaping "saves time," and 5 indicating that videotaping takes "more time." The average rating was 2.7.

**Case Data**

In Orange County the case data do not provide sufficient information to draw conclusions regarding videotaping.

**Videotape Survey Data**

The videotape surveys provide information on the perceptions of professionals "in the trenches" of child protection and investigation. In Orange County, the 1991 and 1993 surveys were distributed to a broad spectrum of professionals. Table 6.5 indicates the position and number of Orange County professionals responding to the 1991 and 1993 video surveys.

ORANGE COUNTY:  
VIDEOTAPE SURVEY RESPONDENTS  
BY POSITION

1991 Survey*			1993 Survey		
Position	Number Responding	Percent of Respondents**	Position	Number Responding	Percent of Respondents***
All Responding	61	100%	All Responding	44	100%
Law Enforcement	33	54%	Law Enforcement	15	34%
Deputy D.A.	5	8%	Deputy D.A.	10	23%
Attorney	8	13%			
County Counsel	3	7%			
Social Worker	7	11%	Social Worker	15	34%
Other (e.g., therapists, physicians)	4	7%	Other	3	7%

\* Seven of the 1991 respondents also answered in 1993. These are excluded from all subsequent analysis which include '91 figures.

\*\* Percentages do not total to 100% since some respondents failed to indicate their position.

Table 6.5

**Percent of Cases in Which Videotaping: (1) Useful, (2) Harmful, or (3) Neither Useful Nor Harmful**

The videotape survey asked respondents to estimate the percent of cases in which videotaping interviews was either (1) useful, (2) harmful, or (3) neither useful nor harmful. On the 1991 videotape survey, very few Orange County respondents answered this question because, at that time, only a small number of professionals had experience with videotaping. By 1993, more professionals had experience with videotaping and more answered this question. Despite the larger response in 1993, however, too few of the 1993 respondents answered the question to make analysis by professional group meaningful. Although statistical breakdowns are not useful on this question, the trend in the data is clear. The large majority of Orange County professionals indicated that videotaping is useful most of the time.

**Assessment of Cases When Videotaping is Helpful or Harmful to Investigation**

Orange County professionals were asked:

"Please explain how you think videotaping child victim witness interviews is helpful or harmful."

In response to this question, 85% of Orange County respondents mentioned that videotaping has helpful effects. Thirty-five percent mentioned harmful effects. Table 6.6 summarizes the perceptions of Orange County respondents.

ORANGE COUNTY:  
PERCENT MENTIONING HELPFUL  
AND/OR HARMFUL EFFECTS OF VIDEOTAPING

	1991 Survey		1993 Survey		Both Years	
	<u>Number</u>	<u>Percent*</u>	<u>Number</u>	<u>Percent*</u>	<u>Number</u>	<u>Percent*</u>
All Respondents	54	100%	44	100%	98	100%
Helpful	46	85%	37	84%	83	85%
Harmful	20	37%	14	32%	34	35%

\* Percents do not equal 100% because some professionals mentioned both helpful and harmful effects.

Table 6.6

In addition to the percents described in Table 6.6, Orange County professionals provided written examples of helpful and harmful effects of videotaping. The written responses are analyzed in the Discussion section of this chapter.

**Should Investigative Interviews be Videotaped in the Future?**

The REAP was interested to learn whether professionals believe investigative interviews should be videotaped in the future. To obtain data on this issue, Orange County professionals were asked:

"Would you like to have child victim witness interviews videotaped in the future?"

No \_\_\_\_.

Yes, routinely \_\_\_\_.

Yes, selectively (on a case-by-case basis) \_\_\_\_."

In 1993, forty Orange County professionals responded to this question. Sixty-four percent favor routine videotaping of investigative interviews. Selective interviewing was favored by 23%. Thus, 87% of Orange County respondents favor videotaping in some form! Only two individuals (5%) indicated they would not like to see interviews videotaped in the future. Table 6.7 summarizes the views of Orange County professionals regarding videotaping investigative interviews.

ORANGE COUNTY:  
SHOULD INVESTIGATIVE INTERVIEWS  
BE VIDEOTAPED IN THE FUTURE?  
PERCENTAGE AND NUMBER OF ALL PROFESSIONALS

	<u>Number</u>	<u>Percent</u>
All Respondents	44	100 %
No	2	5 %
Yes, routinely	28	64 %
Yes, selectively	10	23 %
No Response	4	9 %

Table 6.7

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When views about future videotaping are analyzed by professional group, a majority of Orange County social workers, prosecutors, and law enforcement officers favor routine videotaping. (See Table 6.8.)

ORANGE COUNTY:  
SHOULD INVESTIGATIVE INTERVIEWS  
BE VIDEOTAPED IN THE FUTURE?  
BREAKDOWN BY PROFESSIONAL GROUPS  
1993 SURVEY

<u>Social Services</u>	<u>Number</u>	<u>Percent</u>
TOTAL	15	100%
No	0	0%
Yes, routinely	11	73%
Yes, selectively	3	20%
No response	1	7%
 <u>Deputy D.A.</u>		
TOTAL	10	100%
No	1	10%
Yes, routinely	8	80%
Yes, selectively	1	10%
 <u>Law Enforcement</u>		
TOTAL	15	100%
No	1	7%
Yes, routinely	8	53%
Yes, selectively	5	33%
No response	1	7%

Table 6.8

Interestingly, when it comes to videotaping, Orange County Deputy District Attorneys register more enthusiasm than social workers or law enforcement.

It is interesting to compare the 1993 Orange County data about videotaping in the future with data obtained two years earlier, in 1991. In 1991, Orange County professionals had little or no experience with videotaping. By 1993, however, they had considerable experience.

In 1991, fifty-four Orange County professionals responded to the videotape survey.<sup>4</sup> Four individuals (7%) stated that they did not want investigative interviews videotaped in the future (3 law enforcement and 1 social worker). In 1993, only two persons (5%) stated they did not want videotaping in the future.

In 1991, 35% of respondents (N = 19) favored routine videotaping in the future, whereas 54% (N = 29) favored selective videotaping. These percentages changed considerably between 1991 and 1993. In 1993, sixty-four percent of respondents favored routine videotaping, whereas 23% favored selective videotaping. It seems reasonable to conclude from the foregoing that Orange County professionals became more positive about routine videotaping as they gained experience with the technique.

<sup>4</sup> This number excludes seven respondents who also responded to the survey in 1993.

## **Sacramento and Orange Counties Combined**

When results from Sacramento and Orange counties on videotaping are combined, a clear picture emerges: Professionals are enthusiastic about videotaping.

### **Project Survey Questionnaire.**

Question 17 of the project survey asked the extent to which interviews were videotaped. On a scale of 1 to 5, with 1 indicating "almost never videotaped," and 5 indicating "almost always videotaped," the average rating for both counties was 4.5. Thus, interviews that were supposed to be videotaped were.

In addition to asking the extent to which interviews were videotaped, question 17 asked how well videotaping was implemented. The five point scale ranged from 1, indicating "very poorly implemented," to 5, indicating "very well implemented." The average rating for both counties was 4.5. Answers to question 17 reveal that videotaping was well implemented in both pilot counties.

Question 18 of the project survey tapped information on perceptions of professionals regarding three issues: (1) Does videotaping interviews reduce trauma to children? (2) Does videotaping increase the effectiveness of the investigation? and (3) Does videotaping save time for professionals?

On the first issue — trauma to children — a five point scale was used, with 1 indicating "less trauma," and 5 indicating "more trauma." The average rating in both counties was 1.8, indicating that professionals felt that videotaping contributed to lower trauma for children.

The second issue addressed by question 18 relates to the effectiveness of the investigation. A five point scale was used, with 1 indicating that videotaping makes the investigation "less effective," and 5 indicating "more effective." The average rating for both counties was 4.2, providing evidence that professionals actually conducting child abuse investigations feel videotaping improves the investigative process. Professionals in both counties rated videotaping more positive than any other element of the pilot projects for its effect on investigation.

Question 18 asks whether videotaping interviews saves time for professionals. A five point scale was used, with 1 indicating that videotaping "saves time," and 5 indicating that videotaping takes "more time." The average rating for both counties was 2.5, lending moderate support to the conclusion that videotaping saves time.

### **Video Survey Data**

The videotape surveys distributed in 1991 and 1993 provide powerful evidence supporting the utility of videotaping interviews conducted at multidisciplinary interviews centers. In the 1993 survey, professionals were asked:

"Please explain how you think videotaping child victim witness interviews is helpful or harmful."

Many professionals believe videotaping has both positive and negative effects. In the present evaluation, however, the number of individuals mentioning helpful effects of videotaping far outweighs the number mentioning harmful effects. In 1993, eighty-three percent of Sacramento and Orange county respondents indicated that videotaping has helpful effects on the investigation. Only 30% of respondents mentioned harmful effects of videotaping. Among

professionals who mentioned harmful effects of videotaping, the existence of harmful effects generally does *not* translate into blanket opposition to videotaping.

In addition to asking respondents whether videotaping is helpful or harmful, the 1993 video survey asked whether professionals believe interviews should be videotaped *in the future*. In Sacramento and Orange counties 63% of respondents favor routine videotaping, 26% favor selective interviewing, and only 5% of respondents expressed the view that interviews should not be videotaped in the future. (See Table 6.9.)

SACRAMENTO AND ORANGE COUNTIES COMBINED:  
SHOULD INVESTIGATIVE INTERVIEWS  
BE VIDEOTAPED IN THE FUTURE?  
1993 SURVEY

	Sacramento		Orange		Total	
	Number	Percent	Number	Percent	Number	Percent
All respondents	38	100%	44	100%	82	100%
No	2	5%	2	5%	4	5%
Yes	24	63%	28	64%	52	63%
Yes, selectively	11	29%	10	23%	21	26%
No response	1	3%	4	9%	5	6%

Table 6.9

When it comes to videotaping interviews in the future, the professional group that most strongly favors routine videotaping is Deputy District Attorneys.

### Discussion

The pilot projects lend strong support to the utility and effectiveness of videotaping interviews conducted at multidisciplinary interview centers. When professionals from Sacramento County evaluated all elements of the pilot project in terms of positive impact on the effectiveness of investigations, videotaping received the highest ratings. In Orange County, videotaping was rated almost as highly as in Sacramento. In terms of lowering trauma to children, professionals in both counties rated videotaping positively. Despite these positive findings, however, videotaping remains controversial in some communities. Because of the ongoing controversy over videotaping, it is useful to describe the major arguments for and against videotaping, and to analyze these arguments in light of findings from the pilot projects.

### Arguments in Favor of Videotaping

The primary arguments in favor of videotaping are discussed in this subsection. Each argument is followed by findings from the pilot projects. Keep in mind that the findings discussed below are largely anecdotal, that is, the findings represent the perceptions of individual professionals. Thus, because the findings are anecdotal in nature, they cannot

prove to a certainty that the benefits of videotaping outweigh the drawbacks. Nevertheless, the perceptions of the professionals directly involved in the pilot projects provide valuable evidence.

### **Reducing the Number of Interviews and the Number of Interviewers**

**The Argument.** When sexual abuse is suspected, the child may be interviewed by several professionals, including the police, social workers, medical professionals, mental health workers, and attorneys. The consensus among experts on child abuse is that multiple interviews conducted by different professionals are traumatic for many children. California's Child Victim Witness Judicial Advisory Committee wrote that "the most traumatic aspect of the investigative process for child victims was the fact that multiple unfamiliar interviewers conduct numerous detailed interviews covering the same ground" (1988).

Proponents of videotaping argue that videotaping reduces the number of interviews. Rather than re-interview a child, professionals can view the tape.

In some cases, defense counsel seeks to interview a child prior to trial. The existence on tape of a thorough investigative interview may reduce the need to submit the child to defense-initiated interviews.

**Evidence from the Pilot Projects.** The pilot projects clearly establish that the number of interviews can be reduced significantly (see Chapter 5). It is unclear, however, what role videotaping could play in reducing interviews. Other factors — e.g., use of child interview specialists and presence at interviews of multiple professionals — accounted for the reduction in interviews in Sacramento. Although the present evaluation could not test the effect of videotaping on the number of interviews, it is likely that videotaping plays some role in reducing the number of interviews. Without the videotape, professionals who did not attend the interview would sometimes need to re-interview the child.

Professionals involved in the pilot projects provide support for the conclusion that videotaping reduces interviews. A Deputy District Attorney wrote that "the opportunity to review the videotaped interview has lessened the need for an extensive re-interview of the child by the Deputy DA's." Another Deputy District Attorney adds that when there is a videotape, the "defense does not badger the child and family for interviews as much."

It is no easy task in a single interview to meet the diverse needs of all the professionals working to protect children. In Sacramento County, for example, there is anecdotal evidence that interviews conducted at the multidisciplinary interview center did not provide all the information desirable for dependency proceedings in Juvenile Court. Thus, a social worker working in the dependency process wrote:

"In virtually every instance [the videotape] is informative and of assistance in the process of forming impressions concerning the reporting victim to see that child on tape, which necessarily tells and conveys more than the printed page. . . [However, interviews] which are geared to prosecution needs frequently fail to develop the more in-depth, sometimes elusive, information necessary to the dependency process . . . ."

Thus, even effectively managed multidisciplinary projects encounter problems, and videotaping cannot solve them all.

Although reducing the number of interviews is important, reducing interviews should not become the tail that wags the dog. The overriding goal of the investigative process must be to

maximize the opportunity for children to fully disclose what they know, whether disclosure points toward or away from abuse. To maximize the likelihood of complete and accurate disclosure, the investigative system must accommodate the fact that many children do not tell all they know in a single interview. As one experienced social worker put it, there can be "too much emphasis placed on 'one' interview." Some children require more than one interview, and the system must accommodate such children.

An experienced police officer summed up the thinking of many professionals:

"I think videotaping is state of the art police work. Why not give our kids every advantage to escape the court process and lessen the trauma. That's what we're all about."

### **Videotaping Provides an Incentive for Interviewers to Use Proper Technique**

*The Argument.* Increasingly in California and the rest of the country, defense attorneys criticize the motives and techniques of professionals who interview children. Berliner observes that "[a]ttention has largely shifted . . . onto the interviewers' capabilities and motivation" (Berliner, 1990, p. 6). Defense counsel argue that poorly trained and biased interviewers distort children's memories by plying them with leading questions. Commentators echo this concern. Raskin and Yuille, for example, write of "the problematic nature of interviews of children as they are currently conducted . . . . Inadequacies in such methods frequently lead to lack of substantiation of valid allegations and may also reinforce false allegations of sexual abuse" (1989, p. 185). Courts too are worried about the quality of interviews.

Apprehension is warranted regarding the skill and objectivity of some professionals interviewing children. Although videotaping does not eliminate this concern, taping puts the interviewer in the spotlight, thus increasing the incentive to use proper interview technique, and decreasing the temptation to hurry the child along or use improperly suggestive questions.

Reducing inappropriate interviewing is not the only advantage of videotaping. When an interview is done properly, the videotape attests convincingly to the quality of the interview, making it difficult to argue that the interviewer asked improper questions.

*Evidence from the Pilot Projects.* Professionals involved in the pilot projects support the argument that videotaping elicits good interviewing. One of the child interview specialists put it bluntly when she wrote that videotapes are "insurance for interviewers." The same interview specialist adds that "when there is no videotape, the interview (which is the foundation of the case) is left wide open for criticism. *Nothing* defends the interview more than the videotape." Another interview specialist opines that videotaping "keeps the interviewer accountable [and] protects the interviewer from attack." A third interview specialist points out that with videotaping there are "no hidden outcomes." A juvenile court referee adds that "taping helps demonstrate whether manipulation or influence are present" during the interview. A sheriff's deputy states that the videotape "eliminates questions as to exactly what was said." A Deputy District Attorney writes that the videotape "eliminates entirely the implication that kids are 'coached' or told what to say." A second deputy adds that "the interviewer is protected from attack at trial that questioning may have been leading or suggestive. The defense is unable to create that issue to divert jurors' attention at trial."

## Videotaping Preserves Evidence of Abuse

**The Argument.** A child's interview statements may contain graphic and detailed descriptions of abuse. Videotaping documents *exactly* what the child said. Moreover, videotaping preserves the child's emotion, demeanor, and body language at the moment of disclosure. This nonverbal accompaniment is often as important as the child's words. Of course, a child's interview statements describing sexual abuse normally are hearsay if they are offered in court. Nevertheless, in some cases, the statements are admissible, and the videotape is the best evidence of what the child said.

A child's videotaped description of abuse may be offered under an exception to the hearsay rule. Depending on the circumstances and the type of litigation, the statements may fall within the exceptions for spontaneous statements (Evidence Code § 1240), statements of state of mind or physical condition (Evidence Code § 1250), past recollection recorded (Evidence Code § 1237), prior identification (Evidence Code § 1238), to establish the corpus delicti of child sexual abuse (Evidence Code § 1228), or at a preliminary hearing (Penal Code § 872(b)). Additionally, the child's statements may be admissible as a prior inconsistent statement (Evidence Code § 1235) or as a prior consistent statement (Evidence Code § 1236). The child's disclosure may be admissible under the doctrine of fresh complaint of rape.

The proponent of a child's out-of-court statement must persuade the court that the statement meets the foundational requirements of one or more hearsay exception. In some cases, the verbal and non-verbal data preserved on videotape provide information that can be used to determine the foundational issue.

**Evidence from the Pilot Projects.** The pilot projects offer strong support for the argument that videotaping preserves important evidence of abuse. Numerous professionals mention the value of the videotape in documenting the interview. A juvenile court judge writes that it is "very important" to capture the child's demeanor on tape rather than in writing. A social worker writes that "the visual impact upon the court, attorney, and parents is very helpful in making our case credible." A child interview specialist points out that taping "captures the emotional impact of disclosure." Another interview specialist adds that videotaping "captures the child at the age of victimization [and] documents the spontaneity and emotion of the disclosure." A Deputy District Attorney writes that videotaping "is the most effective way of preserving a victim's initial comprehensive statement regarding abuse. The emotional response during this interview can never be duplicated." A sheriff's deputy echoes this theme, writing that the videotape "allows jurors to see [the child's] full communication, with subtle emotions, which tend to show the truth of the statement." An attorney adds that "videotaping gives an accurate account of all the facts. Also it shows facial expressions, trauma, and agony." A social worker reiterates that the videotape "documents the statements and behaviors of the minor at the time of the investigation." A police officer sums it all up this way: "A picture is worth a thousand words in court." Finally, a police officer with sixteen years experience in child abuse investigation writes:

"Very often in sexual abuse cases the molestation is conveyed very convincingly to the interviewer when the original and subsequent disclosures are made. However, in the process of reducing the account to reports and through repeated interviews and hearings, often that realism and sincerity is lost. Not only on videotape will the child's words be heard, but the nonverbal responses may be seen as well. This can be helpful in court in evaluating the truthfulness of the child's account."

Testifying in court is difficult for most children. Although many children are excellent witnesses, some do not perform well on the stand. For example, some children's testimony

seems flat and unemotional and, for that reason, unconvincing. By contrast, the child's early disclosure statement may have been charged with emotion. If the disclosure was videotaped, and if the tape is admissible, the jury can see first hand the emotion that is lacking in the child's in-court testimony. One Deputy District Attorney refers to this use of videotapes, writing that the tape "also shows the emotions of the victim in her/his first disclosure, which usually never happens in court months later. This can be a very powerful tool for a prosecutor." Another Deputy District Attorney cites a case in which a videotaped interview helped in court. On the videotape the child was very open, emotional, and convincing. By the time of trial, however, the child had psychiatric problems caused by the abuse, and seemed to have lost all emotion and interest in the case. The tape was better evidence of the abuse than the child's courtroom testimony.

Several law enforcement officers note that the videotape helps them prepare their report. One sheriff's deputy comments that it is useful to review the tape "when writing the report." Another officer observes that videotaping allows younger children to come "across very strongly and demonstratively," and that it is "very difficult to fully express [these aspects of the child's disclosure] with words alone."

### **The Videotape May Discourage Recantation**

*The Argument.* Once children disclose sexual abuse, powerful forces may convince them to recant. Recantation is particularly likely in incest cases, where the perpetrator pressures the child to change or deny allegations (Summit, 1983). Jones and McQuiston describe the psychological dynamics of recantation:

After the disclosure has been made by the victims, the guilt connected with their participation in the abuse may intensify over the ensuing months. The feelings of guilt and personal responsibility may become combined with feelings of loss, and grieving for the emotional warmth that the abuser provided. At that stage, it is difficult for the victim to appreciate that the warmth and emotional availability were only provided at a price. The victims begin to feel that they caused the family's breakup, and perhaps the incarceration of the abuser. Retraction may be a frequent accompaniment at this stage (1985, p. 7).

A videotape is an irrefutable record of a child's words. Knowledge of the tape makes it more difficult for the child to say, "I didn't say that" or "That's not what I meant." The tape can be used to help the youngster resist pressure to recant. Of course, the fact that a disclosure of sexual abuse is taped does not make it true. Defense counsel may argue that videotaping a false allegation sets it in concrete, and provides the prosecution improper leverage to coerce the child to adhere to a false charge. Although this argument cannot be ignored, defense counsel is not without weapons to attack false allegations. In light of the documented pressure to recant that is placed on many real victims, the use of videotape to help children maintain truthful allegations is justified.

*Evidence from the Pilot Projects.* Data from the pilot projects do not shed much light on this issue. One investigator for the District Attorney's Office mentions that videotaping reduces the "likelihood of inconsistent versions" of the abuse.

## **Convincing the Non-offending Parent that Abuse Occurred**

*The Argument.* When sexual abuse occurs within a family, the non-offending parent sometimes believes and supports the child, sometimes not. A videotaped disclosure can be used to persuade a skeptical non-offending parent that abuse occurred.

*Evidence from the Pilot Projects.* A small number of professionals mentioned the use of videotape with non-offending parents. A sheriff's deputy states that the videotape "can influence a non-perpetrator parent to believe the victim."

## **Videotapes Encourage Confessions**

*The Argument.* Viewing a child's videotaped disclosure may persuade defense counsel that the child will be an effective witness, and that the best course for the defendant is to negotiate a plea with the prosecutor. In some cases, the defendant views the tape and realizes for the first time the harm caused by the abuse. A guilty conscience prompts a guilty plea.

*Evidence from the Pilot Projects.* Statements from a large number of professionals involved in the pilot projects support the argument that videotapes play a role in inducing confessions. One Deputy District Attorney writes that the tape is "often instrumental in getting an early plea." This prosecutor points out the advantage of allowing defense counsel to see the child on tape, writing that "when the defense is not given the opportunity to see and hear the child, they are more likely to think trial is a viable option." Another Deputy District Attorney adds that "when the interviews are done by a small number of experienced interviewers over whom there is quality control of the work product, they help facilitate pleas and generally make a good impression on jurors." An investigator for the District Attorney's Office points out that the videotape allows the "defense attorney to see the strength of the victim." This investigator provides a poignant example of the utility of videotaping:

"I had a five year old victim of molest by a sixty-seven year old. She still loved him and would have suffered tremendously to have to face defendant with her accusations. She did such a good job in the interview that defendant could see he had no choice but to plead guilty. She *never* had to face him. She was very happy it was over so quickly."

Law enforcement officers can use videotapes to encourage confessions. A sheriff's deputy writes that "being able to show the full emotional impact of the video to the suspect has assisted several times to allow the suspect to admit to the charges."

The comments of Deputy Public Defenders who were interviewed regarding the Sacramento multidisciplinary pilot project generally support the conclusion that in some cases videotaped interviews prompt guilty pleas. Several public defenders comment that if the videotape is objective, and the child makes a convincing appearance during the interview, the videotape helps the client understand why reaching a plea agreement with the prosecutor is in the client's best interest.

## **Videotapes Are Useful to Assess the Child's Strengths and Weaknesses as a Witness, and to Refresh the Child's Recollection Before the Child Testifies**

*The Argument.* Law enforcement officers must determine whether there is sufficient evidence to pursue a criminal investigation. A videotaped interview often provides valuable evidence of abuse as well as leads to pursue during an investigation.

Prosecutors are charged with the difficult task of deciding whether or not to file criminal charges. In many cases the filing decision turns on the prosecutor's assessment of the child's strength as a witness (Myers, 1993). If the investigative interview is videotaped, the prosecutor can use the tape to assess the child's strengths and weaknesses as a witness.

When child abuse is discovered, it is common for months to elapse between the investigative interview and the trial. Predictably, the passage of time has a deleterious effect on some children's memory. (Of course, the same may be said for the memory of adult witnesses). It is proper for the prosecutor to prepare children and other witnesses for trial, and in so doing the prosecutor may use documents and other items to refresh the child's memory. A videotaped interview — made when the child's memory was fresh — is an appropriate tool to help a child remember the details of the offense.

***Evidence from the Pilot Projects.*** A substantial number of professionals mention the value of videotapes in decision making about cases. Law enforcement uses videotapes to help make decisions about investigations. A police officer with eight years experience investigating child abuse writes that the tape "allows law enforcement to make a clear decision as to whether or not law enforcement can pursue the case criminally." This officer points out that videotaping has an important advantage over audiotaping because audiotaping loses "valuable evidence regarding the victim's demeanor." A Deputy District Attorney writes that the "videotape gives a realistic yardstick to judge the strengths and weaknesses of the child as a witness."

Sacramento County Deputy Public Defenders who were interviewed for this report tend to share the view that videotapes allow accurate pretrial assessment of children's strengths and weaknesses.

### **Summary of Arguments in Favor of Videotaping**

There are many advantages to videotaping investigative interviews. Children are spared multiple interviews, convincing evidence is preserved on tape, the camera provides a strong incentive to use careful interview technique, and the videotape helps children ward off pressure to recant.

### **Arguments Against Videotaping**

Opponents of videotaping assert that taping undermines the search for truth. The arguments against videotaping are developed below.

#### **Videotaping Places Exaggerated Emphasis on Inconsistencies in Children's Descriptions of Abuse**

***The Argument.*** Critics of videotaping worry that defense attorneys will exaggerate the importance of: (1) the child's inconsistencies during the videotaped interview, (2) inconsistencies between the videotaped interview and the child's other out-of-court statements describing abuse, and (3) inconsistencies between the videotaped interview and the child's trial testimony. Inconsistencies across time are inevitable, particularly with young children, and particularly about abuse. Yet, with videotape in hand, defense counsel can magnify the importance of minor inconsistencies, undermining the child's credibility.

Proponents of videotaping respond that there is nothing wrong with pointing out inconsistencies in a child's story. Inconsistencies may expose the lying or coached child.

Who has the better argument, proponents or opponents of videotaping? There is merit on both sides. Yet, in the final analysis, something rings hollow in the argument against

videotaping. Opponents of taping have difficulty answering the question, "What are you trying to hide?" The most effective way to deal with children's inconsistency is not to conceal it from the trier of fact, but to equip jurors with the information they need to understand children's inconsistency.

Prosecutors have means at their disposal to explain children's inconsistencies. For example, during the testimony of an older child, the youngster can explain away the impeaching value of inconsistencies. With younger children, the prosecutor can call adult witnesses to describe the progressive nature of the child's disclosure, explaining as they go the reasons for inconsistency. If defense counsel concentrates heavily on inconsistencies, the prosecutor may offer expert testimony to explain why many sexually abused children recant or change their stories, and why developmental immaturity leads young children into inconsistency. Finally, the prosecutor can utilize closing argument to remind jurors of the reasons for a child's inconsistency.

***Evidence from the Pilot Projects.*** The experience of most professionals in the pilot projects does not support the argument that videotaping gives defense attorneys "too much ammunition" to attack the child. Such cases do arise, however. A Deputy District Attorney describes a case in which a child's inconsistencies were preserved on tape. Another prosecutor adds that a videotape is "harmful in that it makes any discrepancy in the child's version of the crime more obvious." Several Sacramento Deputy County Counsels pointed out that defense attorneys can emphasize inconsistencies preserved on videotape.

On the other hand, a Deputy District Attorney writes that "jurors have been very 'forgiving' and willing to excuse inconsistencies between the taped statement and courtroom testimony. I always *hope* the defense will want to use the tape to impeach the child's trial testimony because it *backfires*." This prosecutor describes a case in which the child's trial testimony was inaccurate in several important details. "The videotaped statement *saved our case* because even though she got confused on details, the overall effect of the tape was that the jury believed her and voted to convict."

In some cases, the existence of a videotape may actually decrease the ability of a defense attorney to impeach a child with prior inconsistent statements. A Deputy District Attorney offers this example:

"In one case that I handled, the lack of a videotape of the child's interview resulted in the child being impeached on the witness stand [with] the Detective's [written] summary of the interview. The summary was such that the detective could not remember details and was unable to state whether or not the child had stated things as indicated in the summary. The child used different language in trial than that contained in the summary, and the defense attorney was able to question the child extensively about supposed inconsistencies which may or may not be there. Had the interview been videotaped this problem, hopefully, could have been avoided and the child spared."

Sacramento County Deputy Public Defenders who were interviewed for this report indicate that they look for inconsistencies when they review videotapes. Generally speaking, however, the Public Defenders praised the objectivity and competence of the interviewers. The short of the matter is that when interviews are conducted competently, there is nothing to hide, and videotapes do not prove a boon for defense attorneys.

## **Defense Counsel Exaggerates Interviewer Error**

*The Argument.* An increasingly common defense tactic is to attack the way children are interviewed. Defense counsel may argue that children have poor memories and are highly suggestible. According to this argument, asking children suggestive or leading questions capitalizes on this developmental shortcoming and renders children's out-of-court statements and trial testimony unreliable. Opponents of videotaping argue that preserving the interview on tape simply encourages this strategy by handing the interview to the defense attorney on a silver platter. The focus of litigation shifts away from what the child said, and onto the questions asked. The defense attorney, perhaps assisted by an expert, exaggerates the negative impact of suggestive questions and other interview techniques.

As with other objections to videotaping, this argument has some merit. When interviews are poorly conducted, the defense attorney acts responsibly to raise criticisms. The challenge is not to hide improper interviewing, but to take three vital steps. First, improve the skills of professionals interviewing children. The multidisciplinary approach utilized in these pilot projects demonstrates convincingly that interviewer skills can be improved and maintained at high levels. Second, when defense counsel assails an interview, jurors should be informed that children have good memories and are not invariably suggestible. Finally, jurors can be informed of the situational and developmental reasons that necessitate cautious use of suggestive and even mildly leading questions during interviews. Equipped with this information, the jury is able to place defense counsel's attack in perspective.

*Evidence from the Pilot Projects.* A few professionals mentioned that videotaping allows defense attorneys to capitalize on interviewer error. On balance, however, the pilot projects are remarkable for the *lack* of support they provide for the argument that videotaping allows defense attorneys to emphasize interviewer error. The reason for this lack of support appears to be that there was not much to criticize about the interviews conducted at the pilot projects.

## **Videotaping Causes Stage Fright**

*The Argument.* Videotaping may make some children (and some interviewers) uncomfortable. The video equipment may inhibit children, making it more difficult for them to discuss abuse. Although concern about stage fright is legitimate, the point should not be overdone. Many children quickly forget the camera, and interact as though it were not there. Moreover, when the camera is positioned behind a one-way mirror, the camera seldom interferes with the interview process.

*Evidence from the Pilot Projects.* There is no data from the pilots to support the argument that videotaping interferes with children's ability to talk to interviewers.

## **Poor Tape Quality Casts Doubt on the Child's Disclosure**

*The Argument.* Where the quality of the audio or video portion of the tape is poor, doubts arise about the entire interview. The answer here, of course, is high quality video equipment and competent technicians.

*Evidence from the Pilot Projects.* There is no evidence from the pilot projects that the technical quality of videotapes was deficient. One Sacramento County Deputy Public Defender suggested a change in camera angle. In Sacramento County, the camera looks down on a child at an angle. This defense attorney suggested a camera angle that is more on the child's level.

## **Tapes May Fall Into the Wrong Hands**

**The Argument.** Opponents of videotaping worry about preserving the confidentiality of videotaped interviews. Although there is no way to guarantee confidentiality, the likelihood of misuse can be lowered to tolerable levels with protective orders.

**Evidence from the Pilot Projects.** There is no evidence from the pilot projects that videotapes fell into the hands of the press or were otherwise misused. Sacramento and Orange Counties created detailed procedures governing access to videotapes. (See Appendices K and M for these procedures). These procedures worked well to protect videotapes from inappropriate use or disclosure.

## **Summary of Arguments Against Videotaping**

Opponents of videotaping argue that videotaping does more harm than good. Taping exaggerates children's inconsistencies and interviewer's errors. Taping encourages defense counsel to shift attention away from evidence that, in many cases, is more compelling than the child's statements on camera. Any benefit of videotaping is outweighed by the damage inflicted on efforts to protect children and punish perpetrators.

## **Conclusion**

The foregoing analysis of videotaping should be read in light of an important caveat. In this evaluation, videotaping was studied in the context of well run multidisciplinary interview centers. The REAP did not evaluate videotaping interviews outside the multidisciplinary interview context. It could be that videotaping in other investigative contexts would have more negative effects.

Videotaping outside the investigative context is not the subject of this report. This report should not be construed as an endorsement of videotaping therapeutic sessions with children. In fact, therapeutic sessions should not be videotaped unless videotaping is indicated for therapeutic reasons.

This chapter begins with a question — Should investigative interviews of children be videotaped? The pilot projects answer this question, and the answer is "Yes." The pilot projects provide clear support for videotaping interviews that occur at well run multidisciplinary interview centers. Moreover, most professionals involved in the pilots believe videotaping should be routine. In Sacramento and Orange counties, the specter of injustice that is feared by opponents of videotaping did not materialize. What emerged instead is a clear consensus that videotaping helps lower trauma for children and contributes to the search for truth.

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## Chapter 7

# Implementing a Multidisciplinary Interview Center

Historically, victims of child sexual abuse found themselves in a sea of public agencies, shuttled between the law enforcement, child protective services, district attorney, county counsel, and medical systems. The process for investigating child sexual abuse lacked coordination, resulting in multiple interviews, increased trauma to children, and unsuccessful outcomes.

Out of this chaotic state of affairs arose the concept of a coordinated, multidisciplinary interview center where children would be interviewed by a highly trained interviewer called a child interview specialist, who gathers information needed by different agencies, thereby reducing the need for multiple interviews. The key to success of a multidisciplinary interview center is a team of professionals from the agencies involved in investigating child abuse. Creating and maintaining a successful multidisciplinary team and interview center raises numerous issues of planning, implementation, and operation. This chapter reviews some of these issues.

The multidisciplinary team is at once the greatest strength and the greatest potential weakness of the multidisciplinary approach to investigating child abuse. Multidisciplinary teams are built on a model of collaboration; an environment in which professionals from different agencies join forces to provide enhanced services for victims and greater investigative success. Although it may appear on the surface that interdisciplinary collaboration should be a simple matter, appearances can deceive, and this is certainly so in the stress-filled and difficult world of child abuse investigation. In reality, forging and maintaining genuine interagency cooperation requires commitment, skill, and leadership. To understand why this is so, recall that the professionals who make up a multidisciplinary team come from quite different backgrounds and perspectives. Social workers and mental health professionals approach problems from the perspective of facilitation and therapeutic intervention. By contrast, law enforcement officers, prosecutors, and county counsel come from the confrontational world of the legal system. Bringing such diverse perspectives together in an effective and cooperative team is no small feat.

Getting a multidisciplinary interview center and its multidisciplinary team off the ground is just the beginning. It is often more difficult to maintain an interview center and team over time than it is to start one. It is the nature of interdisciplinary work that unforeseen problems crop up routinely, and leadership is required to keep things running smoothly so that small brush fires do not turn into conflagrations.

### Planning a Multidisciplinary Interview Center and Team

A community would be hard pressed to make a more fundamental mistake than to assume that starting an interview center and multidisciplinary team is easy. In reality, months of planning is required. In Sacramento County, for example, the multidisciplinary Interview Center and its team resulted from intense long-term planning carried out by a steering committee composed of representatives from agencies and community organizations. Success depends on laying the groundwork for interdisciplinary cooperation.

A critical first step in implementing a multidisciplinary interview center and team is designation of a "lead" or "anchor" agency. Although a multidisciplinary interview center is a collaborative effort, there must be one public agency that assumes the leadership role and provides the necessary organizational infrastructure. In Sacramento County, the lead agency was the District Attorney's Office. There was a clear line of authority between the District Attorney's Sexual Assault and Child Abuse Unit (SACA) and the interview center. The Supervising Deputy District Attorney who directs the SACA Unit, in coordination with the director of the interview center, provided essential leadership.

In Sacramento County, steps were taken to involve agency professionals in the planning and start-up of the interview center. For example, law enforcement officers participated in hiring child interview specialists and drafting interview guidelines and interagency agreements.

In Orange County a coordinated approach to planning the multidisciplinary interview center and team was difficult. The pilot project was superimposed on an already existing center. Certain turf issues were already ingrained. Additionally, in Orange County there were many law enforcement agencies, not just a few as in Sacramento County. In Orange County there was no permanent representative from law enforcement at team meetings and, unlike Sacramento County, law enforcement in Orange County was not required to use the interview center.

## **Day-to-Day Operation**

As mentioned earlier, operating a multidisciplinary interview center and team is no easy task. Constant "fine tuning" is required as new problems arise. The chances for success are increased when three separate "teams" are active in guiding the center: (1) a top-level policy team, (2) a mid-level management team, and (2) the operational multidisciplinary team made up of line professionals.

**Policy Level Team.** During the planning process and throughout the life of a multidisciplinary interview center it is important to have regular oversight from a team or committee of high level administrators from the agencies participating in the center. In Sacramento County, for example, a policy level steering committee met regularly during the planning stage, and continues to meet to oversee operation of the interview center. The original planning committee was chaired by the presiding judge of the Juvenile Court.

**Mid-level Management Team.** A successful multidisciplinary center requires collaboration by mid-level management administrators and supervisors. The close working conditions encountered in a multidisciplinary interview center, and the need for ongoing training and team building, magnify the importance of competent mid-level management.

**Operational Multidisciplinary Team.** Without doubt the most important ingredient for success in multidisciplinary investigation of child abuse is the team of line professionals who actually carry out this demanding work. This team requires and deserves support from mid- and upper-level management.

Although creating and operating a successful multidisciplinary interview center and team is difficult, the effort can be worthwhile. Children are treated more humanely, support services are more likely to reach children and their families, and investigations can be more effective.

## Ongoing Operation

A number of operational issues arise frequently in multidisciplinary interview centers. These issues are briefly discussed below.

***Uniform Use of the Multidisciplinary Interview Center by All Agencies.*** Uniform and consistent use of the multidisciplinary interview center by relevant agencies is a key to the viability and value of such a project. Unless there is a method to require that cases are brought to the interview center, some line professionals are likely to use the center sporadically or not at all. Inconsistent use of the center results in varying levels of service to children. Inconsistency undermines the ability of the center to serve the investigative community.

***The Importance of Protocols.*** One of the most important tasks in the establishment and operation of a multidisciplinary interview center is the creation of operational protocols to govern interaction between agencies. Protocols can be drafted to regulate the operation, administration, funding, policy, dispute resolution, and investigative processes of the center.

The Sacramento County and Orange County pilot projects created protocols. In Sacramento County, protocols were created regarding the relationships between agencies, interview guidelines, and videotape procedures. In Orange County, protocols were created regarding general operation of the interview center and videotape procedures. (See Appendices I to M protocols).

Written protocols have value beyond the essential purpose of governing operations between agencies. The process of creating protocols serves as an excellent training exercise and team building tool. Collaboration on protocols helps professionals understand the role and procedures of each agency.

***Accommodating the Investigative Needs of All Agencies.*** The authority of the agencies participating in a multidisciplinary interview center is governed by each agency's function and legal mandate. For example, in many communities the child protection agency deals only with intrafamilial abuse, whereas law enforcement handles intra- and extrafamilial abuse that has criminal implications. Successful operation of a multidisciplinary interview center requires constant attention to the overlapping yet, in some respects, distinct investigative needs of each participating agency.

***Multidisciplinary Case Review.*** To achieve optimal effectiveness, multidisciplinary case review should be on-going. Initial case review should occur when the child is interviewed. In addition to initial review, it is useful for a multidisciplinary team — not necessarily the same team — to periodically review cases as they work their way through the legal system.

In Sacramento County, each case receives an initial multidisciplinary team review by the professionals who attend the interview. Follow-up multidisciplinary review occurs on a biweekly basis. A list of all cases currently in process is sent to each agency before the meeting. Supervisory level representatives from each agency meet as a team to review each case and make recommendations. During the pilot project, 100% of Sacramento County cases received multidisciplinary team review.

The Orange County pilot project had no substantive on-going multidisciplinary team review process. Multidisciplinary review was limited to a collaborative debriefing at the time of the interview.

## Insights From the Field

In 1993, near the end of the pilot projects, professionals who had worked with the pilots completed a lengthy Project Survey Questionnaire.<sup>1</sup> (See Appendix G). The questionnaire offers valuable insight into the opinions and experience of professionals. Several common themes emerge from the questionnaire.

***The multidisciplinary interview center may be best suited for young children.*** A number of professionals mentioned that the multidisciplinary interview center is most effective with younger children, particularly those under age six or seven. Interviewing young children can be extremely difficult, and the child interview specialists in Sacramento and Orange counties did a particularly good job with young children.

***Training, training, training.*** The questionnaire asked professionals "What are the three most important actions your county should take to improve its response to sexually abused children?" Many professionals mentioned training for everyone involved in the investigative process, from patrol officers to professionals working full time in child abuse investigation. Thirty percent of Sacramento County professionals who answered this question mentioned the importance of on-going training. In Orange County the percent was forty-six.

***The multidisciplinary approach can improve professionalism and morale.*** Professionals were asked, "Comparing your current situation to your job situation at the beginning of 1991, [when the pilot project began], are you more or less satisfied with your job? What has made you more or less satisfied?" Of course, not everyone expressed greater job satisfaction. There were, however, enough positive remarks about the multidisciplinary approach to make the following quotes representative:

"I have always had a positive attitude regarding this particular career field even though the case load has been quite high at times. Through the combined efforts of everyone involved at the multidisciplinary facility, I feel that the overall "job" concerning the Child Protection System has greatly improved."

– Law Enforcement Officer

"The multidisciplinary interview center takes the worry out of interviewing, giving more time to spend on the investigation."

– Law Enforcement Officer

"I am more satisfied. Now I feel I actually have a say in what might happen to some of these kids. As an investigator, I have been called upon to sit on boards, attend meetings with other agencies, and discuss particular cases. I have been asked for my opinion on many occasions and the general response is positive."

– Law Enforcement Officer

***"Two heads are better than one."*** Quite a few professionals mentioned that the multidisciplinary approach improves the investigative process. In Sacramento 91% of professionals thought the multidisciplinary approach made investigations more effective. In

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<sup>1</sup> We know that the questionnaire was lengthy because several respondents told us so. One professional said "This questionnaire was entirely too long." Another quipped that the questionnaire gave him a headache.

Orange County 75% felt this way. A detective summed it up nicely by saying that "more brain storming improves the process. Before you were alone." Several law enforcement officers were pleased that a Deputy District Attorney was stationed on-site at the multidisciplinary interview center. A detective wrote that "with the on-site DA present, along with the detective assigned to the case, often a decision is made regarding further investigation, thus greatly reducing the amount of time wasted on follow-up cases that will not be prosecuted." Several professionals noted that although taking children to the multidisciplinary center may take more time at the beginning of the investigation, the center saves time in the long run. A Deputy District Attorney noted that "more time spent up front results in quicker resolution/outcome." Another professional noted that the multidisciplinary interview center takes more time up front, but went on to state that the initial investment of time leads to faster decision making and reduction of time spent on cases that do not go forward.

***Professionals Believe the Multidisciplinary Interview Center Reduces Trauma for Children.*** An important indicator of the success of a multidisciplinary interview center is the degree to which the center reduces the trauma experienced by children. In Sacramento County, 83% of professionals who responded to the Project Survey Questionnaire stated that the multidisciplinary interview center lowered trauma for children. In Orange County, 92% of professionals stated that the Orange County center reduced children's trauma.

In the Project Survey Questionnaire, professionals were asked to rate several aspects of the multidisciplinary interview center in terms of trauma to children. Professionals were given a five-point scale, with 1 indicating less trauma and 5 indicated more trauma. Professionals in Sacramento and Orange counties gave average ratings from 1.6 to 2.3, indicating a clear belief among professionals that the multidisciplinary interview center reduces trauma for children. Several comments from professionals illustrate the positive effect of the center on children:

"Much, much less trauma — very comfortable setting for kids."

— Law Enforcement Officer

"Excellent — Children like going to [the center] and seldom even want to leave."

— Law Enforcement Officer

"I believe trauma is greatly reduced. Children do not want to leave our center. Young ones and teens alike hug the interviewer when leaving."

— Social Worker

"Trauma is greatly minimized due to the neutral, friendly setting and experience of the well-trained staff."

— Social Worker

***Representative Comments on the Multidisciplinary Interview Center.*** An encouraging number of professionals praised the multidisciplinary interview center. There were few negative comments. Representative quotes follow:

"I have seen children walk in with a frown and leave with a smile."

— Child Advocate

"I feel the government has gotten better with the MDIC project. We as a group are able to provide a better service to the families and victim from the initial MDIC interview contact through the court process."

– Law Enforcement Officer

"With the advent of MDIC in Sacramento County, child protection and prosecution has vastly improved."

– Deputy District Attorney

"I love working at CAST. I am very impressed with the real quality of caring and individuals that are associated with the group I work with. Its not just a paycheck, they are truly involved."

– Child Advocate

"The use of the MDIC system has helped to protect children from multiple interviews and potential inconsistent statements resulting in more trials and further trauma to the children."

– Deputy District Attorney

"Generally better but there's a lot of room for improvement in education, training, and qualifications."

– Attorney

"The quality of the investigations has improved tremendously due to the MDIC. The interviews are of much superior quality than when they were done by individual detectives. When done by detectives, the interviews were of varying/inconsistent and oftentimes poor quality (leading questions all the time — inappropriate questions — questions that when the tape was played to the jury, because of the content of the question or the way in which it was asked jurors would find offensive). I think the key is in a small number of trained interviewers over whom the DA has quality control. Also due to DA input at an early stage, the necessary investigation can be requested early (earlier than previously)."

– Deputy District Attorney

"Protection of the child is the most important issue. The pilot program is excellent in this area."

– Law Enforcement Officer

"To decrease the impact or trauma the investigation places on the child — the program is very successful at doing this."

– Law Enforcement Officer

"God only knows if disclosure to us helps a child or not, but better to do it with a teddy bear and apple juice than with some beat cop in a principal's office."

– Social Worker

"The effectiveness of the interviews has improved and is now uniform instead of from Detective to Detective, and since the interviewer gets tips and pointers from the best detectives, the interviewer soon becomes as good as the better detectives."

– Deputy District Attorney

"The MDIC project is a prime example of interagency cooperation and coordination."

– Juvenile Court Judge

## **Conclusion**

When it comes to investigating allegations of child sexual abuse, there are no easy answers or short cuts. Building and maintaining a fully functioning multidisciplinary team is an exacting and difficult process. Although the multidisciplinary interview center and its multidisciplinary team do not make a difficult job easy, they contribute materially to the pursuit of justice and to children's welfare.

## Chapter 8

# The Medical Component of the Multidisciplinary Child Abuse Investigation

This chapter describes data collected on medical examinations conducted as part of the Sacramento and Orange County investigative pilot projects. The chapter also offers general observations regarding the role of medical professionals in the multidisciplinary investigation of child abuse.

### Findings from the Pilot Projects

Data on medical evaluations were collected from the Sacramento and Orange County pilot projects. Both counties were examined for: (1) the percent of children receiving medical examinations, (2) the percent of children receiving examinations performed by expert examiners, (3) the percent of examinations performed in a specialized setting, and (4) the percent of children with multiple medical evaluations.

### Sacramento County

In Sacramento County, practices regarding medical evaluation of children did not change substantially during the pilot project. In Sacramento, examinations were conducted by experts at the Child Protection Center at the University of California Davis Medical Center before and during the pilot project. In Sacramento, the only indication of a change from the baseline to the pilot project phases is that videotaping interviews may have been related to lowering the probability that children would experience multiple medical examinations.

### Orange County

Data from Orange County reflect a change in practice in cases of severe abuse. Referral patterns in severe cases changed, as did location of medical evaluations.<sup>1</sup>

In Orange County, an increased percent of children with severe abuse received medical evaluations during the pilot project. Prior to the pilot project 21% of children were medically evaluated. During the pilot, 56% of children were medically evaluated ( $p < .0001$ ; see Figure 8.1). Turning to the expertise of the medical evaluator, improvement occurred during the pilot project. Prior to the pilot 65% of children who received medical evaluations were evaluated by an expert, whereas during the pilot 98% of children who were examined received expert evaluations ( $p < .0001$ ; see Figure 8.1). Regarding medical evaluations at special sites, prior to the pilot project 59% of children were medically evaluated at a special site; during the pilot project this percent rose to 99 ( $p < .0001$ ; see Figure 8.1). The percent of children receiving multiple medical evaluations dropped from 29% before the pilot project to 11% during the pilot ( $p < .01$ ). In summary, the Orange County pilot project demonstrated impressive progress in cases of severe abuse toward the goal of increasing the percent of medical evaluations

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<sup>1</sup> In some respects, data from Orange County are difficult to interpret for all cases because of a change in the way cases were selected during the baseline and pilot project phases.

conducted by expert evaluators in special locations while, at the same time, decreasing the number of multiple evaluations.

## **The Role of the Medical Professional in the Multidisciplinary Investigation of Child Sexual Abuse**

The medical professional has a dual role in evaluation of child abuse: (1) evaluation and treatment of the child's medical condition, and (2) documenting and preserving evidence of abuse. The tasks of the medical professional include:

- Obtain consent from the child or the family as appropriate.
- Gather information regarding the timing, frequency, and nature of assaults.
- Gather a medical database including relevant medical conditions and prior injuries or treatments to the anogenital area.
- Perform a thorough medical evaluation, including a complete physical examination and a detailed examination of areas involved in prior assaults. The examination often involves use of magnification via instruments such as a colposcope.
- Obtain physical evidence such as semen, sperm, or trace evidence for forensic laboratories.
- Evaluate and treat medical conditions such as acute injuries, sexually transmitted diseases, and pregnancy.
- Document the medical examination in a detailed form that is comprehensible to non-medically trained personnel.
- Consider documenting medical findings using methods such as still and video-photography.
- Explain to the child and the family (where appropriate) the child's medical condition.
- Explain medical findings to investigative personnel such as social services, law enforcement, and attorneys.
- Arrange for follow-through with referrals, including mental health, family planning, and sexually transmitted disease treatment.
- Ensure the forensic integrity of evidence gathered (chain of custody).
- Protect the privacy and confidentiality of medical findings, to the extent possible by law.
- Keep up-to-date regarding current knowledge in the medical field.
- Provide testimony in court.

The medical component of the multidisciplinary team thus provides multiple functions integral to the evaluation, investigation, and treatment of suspected child sexual abuse. The presence of medical findings — particularly when the victim is very young or otherwise non-communicative — can play a decisive role in whether or not cases are further investigated and prosecuted. Frequently, the child and family are extremely concerned about the child's physical status, including the presence of injury, pregnancy, and sexually transmitted diseases such as gonorrhea or HIV infection. At times, this concern is an overwhelming feature of the assault for the child or family.

In some cultures — and for some individuals — the perception of "loss of virginity" can have devastating psychological and social consequences. Medical professionals sometimes have to cope with situations where a family actually considers rejecting a child because the child was no longer considered a "virgin." Adolescent victims of sexual abuse not infrequently state that they have completely changed their self-image (in a negative manner) "now that I'm no longer a virgin." Medical personnel have a critical role in educating children and their families about such matters.

The presence of a sexually transmitted disease can have major consequences, not only for the child's physical well being, but also for the legal process. At times, and for certain organisms, the identification of the sexually transmitted pathogen in an alleged perpetrator significantly aids the identification of the perpetrator. Additionally, the presence of a sexually transmitted disease, even in the absence of a history of sexual contact and particularly in a non-verbal child, may be the only indicator of prior sexual contact.

It must not be forgotten, of course, that the most important function of the medical team is to "first, do no harm." In the zeal of the investigative process, the needs of the child for safety and security are foremost.

In the past, and today in some locations, medical evaluations regarding child sexual abuse were performed by medical personnel untrained in this complex and evolving field of expertise. Lack of proper training appears to be a particular problem in acute cases and in areas where multidisciplinary teams are not readily available. Lack of expertise can have several deleterious consequences. First, professionals who lack experience with the delicate nature of such evaluations may psychologically traumatize children. Second, professionals who are unfamiliar with recently developed techniques may erroneously call normal genital structures abnormal or fail to recognize medicolegally significant medical findings. In such cases the child may have to undergo a second examination. Third, the relatively simple act of collecting medical evidence can be botched in the hands of untrained personnel.

The decision to request a medical evaluation turns on several factors, including the following:

- A history of genital-genital, oral-genital, oral-anal, or genito-anal contact.
- A history of penetration of any orifice.
- A referral from medical staff indicating a significant likelihood of abuse.
- A vague history in the presence of other concerning factors such as a vaginal discharge, vaginal or anal bleeding, genital pain, or sexualized behavior.
- Symptoms of sexually transmitted diseases or pregnancy, otherwise unexplained.

Medical examination may be recommended by an investigative or treatment agency that finds indications of physical contact which the child has been reluctant to describe to investigators. Medical examinations are often performed to assure children and their families that they are healthy, and to allay fears that their body or reproductive capacity has been permanently altered.

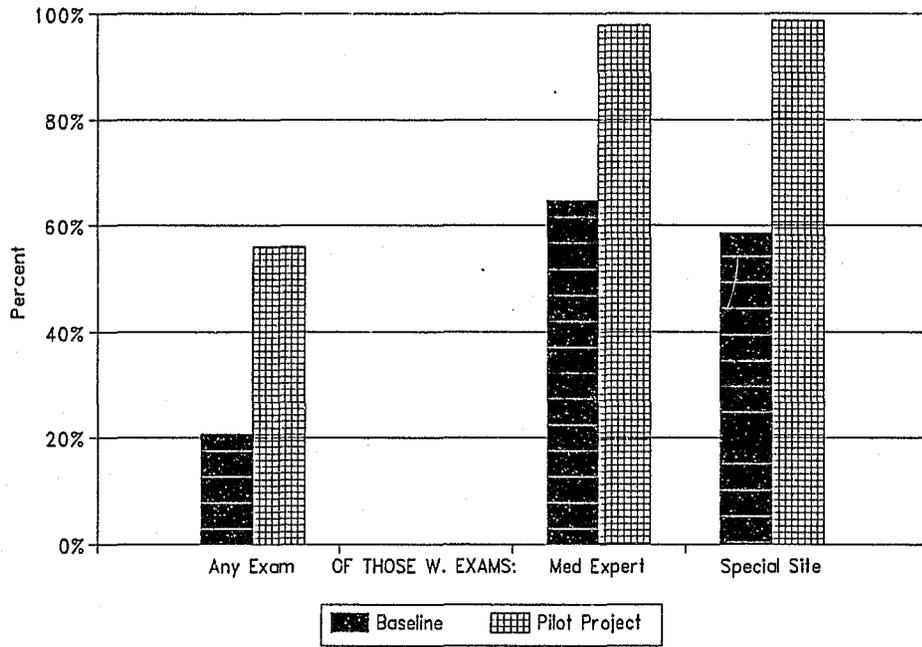
In the context of a multidisciplinary investigative team, medical evaluations may be conducted following a thorough forensic interview. Timing the medical evaluation to follow the in-depth interview gives the medical professional information to guide the medical inquiry. Although most medical professionals talk to children about their abuse, the preexistence of a thorough interview may reduce the need for in-depth questioning of the child. Medical professionals must be free to talk to children, however, because it is not uncommon for children to disclose information to a doctor or nurse that the child would not disclose to other professionals.

In Orange County, medical examinations were conducted on-site at the multidisciplinary interview center. Although the on-site medical examination is not essential to effective investigation, there are advantages to the on-site approach, including the following:

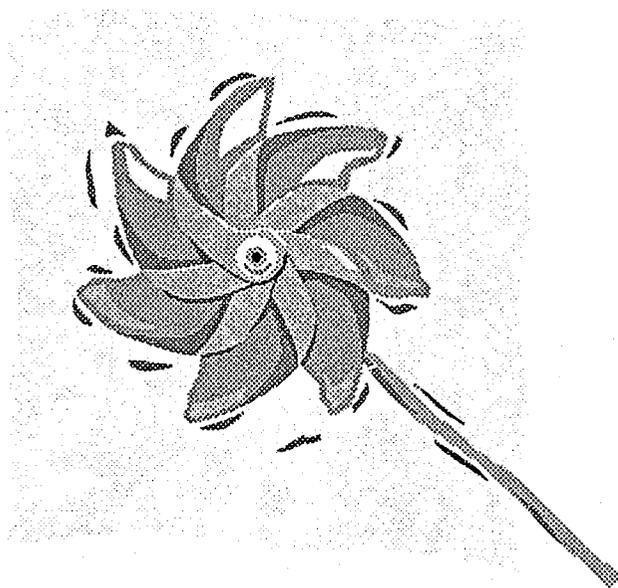
- Medical professionals can communicate directly and in person with other members of the multidisciplinary team. Such communication clears up ambiguities and catches errors that might otherwise go undetected. Moreover, the medical professional may observe the child's interview along with other members of the team.
- The on-site medical professional can assess medical and psychiatric emergencies such as suicidality.
- The presence on-site of law enforcement allows the immediate transfer of medical evidence to forensic laboratories.
- The medical professional can explain pictorial or videotape evidence of genital injuries to other members of the investigative team, aiding law enforcement and prosecutorial decision making.
- Stationing the medical professional on-site facilitates on-going training of nonmedical colleagues. On-going training is important for many reasons, but particularly because of relatively high staff turnover.

There are also disadvantages to performing medical evaluations on-site at the multidisciplinary interview center. An on-site location that is geographically removed from a hospital sacrifices the wide range of services available only in the hospital setting. On-site programs can rarely afford 24-hour, around-the-clock coverage.

FIGURE 8.1. Medical Exam Percents by Project for Severe Abuse Cases(Orange)



# Appendices



# Appendix A

California Child Victim Witness Pilot and  
Demonstration Programs Act  
(Chapter 1220, Statutes of 1989)

PENAL CODE

PART 4

TITLE 7. CALIFORNIA CHILD VICTIM WITNESS PILOT  
AND DEMONSTRATION PROGRAMS ACT

Article 1. General

14000. Citation of title

This title shall be known and may be cited as the California Child Victim Witness Pilot and Demonstration Programs.

Added Stats 1989 ch 1220, operative until January 1, 1994.

14001. Legislative findings and declarations

The Legislature finds and declares that there is a continuing need to improve the treatment of children in legal proceedings by developing methods to achieve all of the following:

(a) Eliminate unnecessary repetitive interviews and court appearances of child victim witnesses.

(b) Streamline and improve investigative and judicial practices and procedures involving child victim witnesses.

(c) Improve the truth-finding process in cases involving child victim witnesses.

(d) Protect the rights of the child victims, their families, and the accused.

14002. Legislative intent; Investigative, judicial, and child advocacy projects

(a) It is the intent of the Legislature to establish up to three pilot program and demonstration projects, specifically, three investigative, judicial, and child advocacy pilot and demonstration projects, in counties to improve the treatment of child victim witnesses in legal proceedings by funding those projects for three years.

(b) The investigative pilot and demonstration projects shall incorporate the essential elements for improving and streamlining the investigative process as it affects child victim witnesses, as those elements were identified by the California

Child Victim Witness Judicial Advisory Committee, created under former Section 14152. Those elements shall include the following:

- (1) Interviewing children in a child oriented setting.
- (2) Using a child interview specialist to conduct comprehensive interviews with children.
- (3) Developing interdisciplinary child interview protocols.
- (4) Memorializing the comprehensive interview to eliminate or minimize the need for subsequent interviews.
- (5) Conducting multidisciplinary team reviews to make recommendations on child abuse cases and the needs of child victim witnesses.
- (6) Ensuring that initial medical evidentiary examinations of suspected child abuse victims are conducted by medical professionals with expertise in diagnosing child abuse.
- (7) Assigning a child advocate.
- (8) Providing appropriate mental health services.

(c) The judicial pilot and demonstration projects shall incorporate the California Child Victim Witness Judicial Advisory Committee's proposals for streamlining and improving California's judiciary as it affects child victim witnesses and their families, including all of the following:

- (1) Restructuring the superior court to create a family relations division coequal with the civil and criminal divisions.
- (2) Developing special relationships among different courts.
- (3) Addressing the special problems relating to child victim witnesses in the courts.

(d) The child advocacy pilot and demonstration projects shall provide a full range of advocacy and support services to child victim witnesses throughout all investigative and judicial proceedings, including providing a knowledgeable, caring person who shall undertake each of the following:

- (1) Overseeing the child's emotional well-being and best interests.
- (2) Protecting the child's legal rights.
- (3) Identifying other advocacy services for the child.

Article 2. California Child Victim Witness  
Pilot and Demonstration Programs

14005. Establishment of program

There is hereby established a three-year pilot program in the office of the Attorney General, and a three-year pilot program in the Judicial Council, which programs shall be known as the California Child Victim Witness Pilot and Demonstration Programs. The program operated by the office of the Attorney General shall consist of an investigative pilot and demonstration program, and the program operated by the Judicial Council shall consist of judicial and child advocacy pilot and demonstration programs. Each program shall operate in up to three counties which have made application to and have been designated by the administering agency of the respective programs.

14006. Determination of counties for project operation

The office of the Attorney General and the Judicial Council shall, after consultation and coordination with each other, determine the counties in which the respective projects will be operated. Each shall give preference for selection of the pilot projects to those counties willing to operate all three pilot and demonstration projects, or alternatively to counties which otherwise provided the most comprehensive proposals for the projects.

Article 3. Investigative Pilot and Demonstration Projects

14008. Establishment; Functions of Attorney General; Functions of projects

The office of the Attorney General shall establish and fund from moneys appropriated by the Legislature for purposes of this article up to three investigative pilot and demonstration projects for a three-year period in order to implement and evaluate the recommendations of the California Child Victim Witness Judicial Advisory Committee. Each county investigative pilot and demonstration project designated by the Attorney General should:

(a) Require the mandatory use of videotaping of the comprehensive child victim interview, with the understanding and agreement of the child. This videotaping shall be conducted only after initial interviews and contacts have been made, if necessary, by the district attorney, local law enforcement agencies, or social services agencies.

(b) Establish a child victim witness center or centers, or special interview settings.

(c) Develop interagency agreements and protocols for interviewing child victims, including procedures to limit the number of interviewers and minimize the number of interviews.

(d) Train child interview specialists selected by a team composed of representatives from the district attorney's office, local law enforcement agencies, and social services agencies.

(e) Require that comprehensive interviews be conducted by a child interview specialist.

(f) Establish procedures for maintaining the confidentiality of audio and video tape interviews of child victim witnesses.

(g) Establish multidisciplinary teams to review and make recommendations on child abuse cases and the needs of child victim witnesses.

(h) Adopt procedures to ensure that initial medical evidentiary examinations of suspected child abuse victims are conducted by a medical professional with expertise in diagnosing child abuse, and that the results of the examination are used in the judicial process, so long as the results are otherwise admissible under law, and in the development of medical treatment plans for the child.

(i) Develop procedures for providing mental health services for child victim witnesses.

#### Article 4. Judicial Pilot and Demonstration Projects

##### 14010. Establishment and duties

The Judicial Council shall establish and fund from moneys appropriated by the Legislature for purposes of this article up to three judicial demonstration projects for a three-year period in order to implement and evaluate the recommendations of the California Child Victim Witness Judicial Advisory Committee. Each county judicial pilot and demonstration project designated by the Judicial Council shall:

(a) Restructure the superior court to create a family relations division grouping civil, child, family, and human relations-oriented legal actions within that division. The family relations division shall be coequal with the civil and criminal divisions with a supervising judge. The administrative support, including staffing, of the family relations division shall be no less than the level of administrative support of the civil or criminal divisions. However, if the administrative support for the juvenile, probate, civil, and family court proceedings to be processed by the family relations division is, prior to the implementation of this act, at a level which is higher than the

administrative support of the civil or criminal divisions, then the administrative support for the family relations division shall be no less than the above-specified level of administrative support for the juvenile, probate, civil, and family court which existed prior to the implementation of this act. Restructuring plans shall include the following elements:

(1) Policies which ensure that judges are assigned to the family relations division for substantial periods of time and that they are selected based upon interest and ability.

(2) Procedures to enable, to the maximum extent possible, one judge to hear all actions in the family relations division relating to a child victim witness, and to enable the judge to combine hearings whenever it is appropriate.

(3) A plan to educate family relations court judges in all of the legal proceedings which may be heard within the division and in family dynamics and child development.

(4) Protective orders to protect children who appear in any division of the family relations court and to protect against unauthorized disclosure of audio or video tape interviews or testimony of a child victim witness.

(b) Develop formal relationships among court systems, including the following:

(1) Developing efficient means for courts and court systems to communicate with each other regarding proceedings involving the same child or family, including effective methods for the immediate transmission of court orders.

(2) Developing effective methods for exchanging information among investigative and supervisory agencies serving the court to ensure that all relevant information concerning the child or family is before the court.

(3) Developing special procedures for coordination and cooperation in case management when a child is involved in criminal and dependency proceedings, domestic relations and dependency proceedings, dependency and delinquency proceedings, or related domestic violence proceedings.

(c) Address special problems relating to child victim witnesses, including the following:

(1) Developing guidelines for managing courtroom examinations of child witnesses for the purposes of reducing the child's stress and eliciting more accurate testimony.

(2) Developing procedures for appointing a child development expert, when appropriate, to advise the court in

developing guidelines for courtroom examination of a child in all legal proceedings.

(3) Developing guidelines for controlling access to children who are victims or witnesses in legal proceedings.

(4) Modifying courts and courtrooms to accommodate the needs of children and families when possible.

## Article 5. Child Advocacy Pilot and Demonstration Projects

### 14012. Establishment and duties

The Judicial Council shall establish and fund from moneys appropriated by the Legislature for purposes of this article up to three child advocacy demonstration projects for a three-year period in order to implement and evaluate the recommendations of the California Child Victim Witness Judicial Advisory Committee. Each county child advocacy demonstration project shall:

(a) Establish a child advocacy program or office to provide a full range of advocacy and support services to child victim witnesses throughout investigative and judicial proceedings.

(b) Provide to each child victim witness a knowledgeable, caring person whose primary responsibility is to guide the child through the difficult investigative and court processes, to look out for the child's emotional well-being and best interests, to protect the child's legal rights, and to identify other advocacy services for the child.

(c) (1) Make available to each child victim witness an attorney trained in the representation of the child's interests. This attorney shall not have standing to represent the child's interests before the court and jury in criminal cases. However, each county child advocacy demonstration project shall establish procedures to receive information and advice from the attorney where the attorney believes it is necessary to protect the rights and best interests of the child.

(2) Subject to the restrictions in paragraph (1) on the attorney's standing, the attorney shall have the same rights and limitations in representing the interests of the child as an attorney representing the interests of any nonparty in criminal proceedings.

(d) Require that attorneys for children in family relations actions continue, to the maximum extent possible, to represent children in related proceedings and in relations with other agencies such as schools, mental health agencies, regional centers, and community services agencies.

(e) Ensure that children receive all necessary mental health services and are not harmed by the system itself.

(f) Provide multiple support services for child victim witnesses.

#### Article 6. Research and Evaluation

##### 14013. Establishment of advisory panels

Each administering agency shall establish a Research and Evaluation Advisory Panel consisting of at least five panel members, which panels shall coordinate the research design, operation, and evaluation of the pilot and demonstration projects. By June 30, 1990, the panels shall establish procedures for determining and describing current investigative, judicial, and child advocacy services and their costs, and for measuring the advantages, disadvantages, and associated cost savings, if any, of the changes in those services affected by the pilot and demonstration projects. The panels shall ensure uniformity of data collection in the various projects so that valid comparisons can be drawn, and ensure that the project evaluation is carried out in a manner that allows for valid and unambiguous conclusions.

##### 14014. Collection of data; Evaluation of investigative projects

(a) Each investigative pilot and demonstration project shall collect the following baseline data either for a period of six months before the commencement of the project or during the operation of the project so long as there is a randomly selected and statistically valid comparison group of those served and not served by the project:

(1) The number and identity of the interviewers, the number and length of interviews, and the optimal number of interviews for each child victim witness.

(2) The number and type of interview settings, and the optimal number of interview settings, for each child victim witness.

(3) The number of medical examinations of suspected child abuse victims and the type of medical tests and procedures conducted, including the number of initial medical evidentiary examinations conducted by medical professionals with an expertise in diagnosing child abuse and their qualifications.

(4) The number of interviews of child victim witnesses that are videotaped or audiotaped.

(5) The number and percentage of child abuse cases that receive multidisciplinary team reviews, the qualifications of the members of the teams, and the results of the interviews.

(6) A description of any established interagency procedures or protocols for interviewing child victim witnesses.

(7) A description of any established procedures for selecting and training child interviewers.

(8) A description of any established procedures for ensuring the confidentiality of audiotape and videotape interviews of child victim witnesses.

(9) A description of any established procedures for providing mental health or other support services to child victim witnesses.

(10) Data on perceptions of the investigative process, including the number and quality of interviewers, interviews, interview settings, and medical examinations, and the availability of mental health or other support services.

(11) Any other information appropriate to collect.

(b) The panel appointed by the office of the Attorney General shall evaluate the investigative pilot and demonstration project in each county for the purpose of determining whether each project has been successful in meeting the following goals or objectives:

(1) Reducing the number of interviewers and the number of interviews after the initial interview for child victim witnesses by at least 25 percent.

(2) Reducing the number of interview settings for child victim witnesses by at least 50 percent.

(3) Reducing the number of medical examinations of suspected child abuse victims after the initial examination by at least 25 percent.

(4) Videotaping 100 percent of the interviews of child victim witnesses who agree to be videotaped.

(5) Conducting multidisciplinary team reviews in 100 percent of the child abuse cases.

(6) Developing interagency agreements and protocols for interviewing child victim witnesses, focusing on reducing the stress on the child caused by the investigation.

(7) (A) Providing 40 hours of training to child interview specialists selected by a team composed of representatives from

the district attorney's office, local law enforcement agencies, and social services agencies.

(B) Improving the qualifications, selection process, and training of interviewers.

(8) Establishing or improving procedures for maintaining the confidentiality of audiotape and videotape interviews of child victim witnesses.

(9) Developing procedures for providing mental health and other support services to child victim witnesses.

(10) Reducing the traumatic impact of the investigative process on the minor by 30 percent.

(c) The panel appointed by the office of the Attorney General shall collect data from each investigative pilot and demonstration project for purposes of comparing the costs for child victim witnesses not served by the project. Savings will be measured by costs related to, but not limited to, the reduction in the number of interviewers, interview settings, and medical examinations, and other savings associated with coordination efforts.

#### 14015. Evaluation and goals of judicial projects

The panel appointed by the Judicial Council shall evaluate each judicial pilot and demonstration project to determine whether the goals and objectives specified in Section 14001 and subdivision (c) of Section 14002 have been met. The evaluation and goals shall include:

(a) The effect of court restructuring on tracking, coordination, and consolidating proceedings in the family relations division involving the same child or family, including whether court restructuring, coordinating, and consolidating of procedures and actions involving the same child or family in the family relations division produces a 20-percent decrease in the average number of court hearings involving a child who may be a minor as defined in Section 300 of the Welfare and Institutions Code, a decrease of 30 percent in the amount of time this minor spends awaiting and attending court hearings, a 20-percent reduction in the duplication or overlap of services for children, and a measurable increase in the level of satisfaction with the legal process, as reported by children, families, attorneys, judges, and other groups and individuals involved in the process.

(b) The effect of existing and newly established formal relationships between the court system on the management of cases involving child victim witnesses, including whether newly instituted case management strategies and techniques diminish by 30 percent the traumatic impact on minors of courtroom

appearances, and increase by 30 percent the number of children permitted to testify in court.

(c) The effect of special child victim witness courtroom management strategies and techniques on the child's emotional state, including whether newly instituted rules controlling access to, and protecting the emotional and physical well-being of, minors reduce by 30 percent the number of contacts within the court setting, including court appearances and excluding the contacts with the child advocate appointed to protect the child.

(d) The cost of providing special services, techniques, and physical plants for the pilot and demonstration program, their benefit to the justice system, and their potential utilization in a cost-beneficial manner to other proceedings.

#### 14016. Evaluation and goals of child advocacy projects

The panel appointed by the Judicial Council shall evaluate each child advocacy pilot and demonstration project to determine whether the goals and objectives specified in Section 14001 and subdivision (d) of Section 14002 have been met. The evaluation and goals shall include:

(a) Whether 100 percent of the minors, who are involved in at least two related court proceedings, are provided a capable and supportive child advocate, the number of other minors provided a child advocate, the types of services performed by each advocate, the cost of that service, and the benefit to each minor and the justice system. If an advocate was not provided, an explanation of why not shall be included.

(b) Whether an attorney was available throughout the proceeding to the child advocate or the minor, the nature and extent of services provided, the source of funds for services, cost of services, and the number of contacts.

(c) Whether each minor subject to the projects was provided all necessary mental health services, the nature and extent of the mental health and other support services recommended for, and those actually provided to, the minor, the cost of services provided, the source of payments for those services, whether future mental health services will be likely to be necessary, and whether there exists a source for their payment.

(d) Whether the provision of the services to the minor minimize the traumatic impact of the court proceedings.

(e) Whether the project has increased the use of volunteers in providing support services to the courts by at least 40 percent and whether the volunteers have made contributions beyond their direct provision of services and what these contributions are, and whether the use of volunteers has created

any problems of undesirable side effects and what those are, including the costs of arranging and providing those services.

(f) Any other information the Judicial Council or advisory panels determine is appropriate.

14017. Report to Legislature

Not later than July 1, 1994, the Attorney General and the Judicial Council shall report to the Legislature on the results of each of the pilot and demonstration projects. The reports shall include the evaluations of the Research and Evaluation Advisory Panels, recommendations as to whether the techniques utilized in the pilot and demonstration projects should be required or encouraged on a statewide basis, and how any expenses related to the changes should be financed. Recommended changes in the law shall be included in the reports.

14020. Effect of title

Nothing in this title shall alter or impair the existing statutory authority of a district attorney to determine whether a criminal complaint should be filed and prosecuted, or of a county welfare department or probation officer to determine whether a petition to declare a minor a dependent child of the court should be filed, or, except as expressly stated, of law enforcement agencies, probation officers, or county welfare departments to determine whether additional interviews should be conducted.

14021. Repeal of title

This title shall remain in effect only until January 1, 1994, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 1994, deletes or extends that date.

# Appendix B

Report By Legislative Objective

## Legislative Objectives

Penal Code Section 14014.

**(b) The panel appointed by the office of the Attorney General shall evaluate the investigative pilot and demonstration project in each county for the purpose of determining whether each project has been successful in meeting the following goals or objectives:**

**(1) Reducing the number of interviewers and the number of interviews after the initial interview for child victim witnesses by at least 25 percent.**

Sacramento County met both of these objectives, with a greater than 25% reduction in average number of interviewers and interviews per case, and over a 90% reduction in the proportion of cases subjected to multiple interviewers and interviews. The proportion of cases with multiple interviewers and interviews were reduced to only a few percent very close to the theoretical minimum of zero.

We were unable to evaluate Orange County's performance on these objectives due to the project's incomplete reporting of investigation interviews conducted prior to project implementation. However, District Attorney (D.A.) interviews that were conducted for most cases filed prior to the project, but not reported for the evaluation, were eliminated during the pilot project.

San Francisco County could not be evaluated according to the evaluation design because the project was not fully implemented and was consequently discontinued prior to completion of evaluation data collection. For this reason San Francisco's performance with respect to the other legislative objectives will not be discussed unless there is a special reason to do so.

**(2) Reducing the number of interview settings for child victim witnesses by at least 50 percent.**

This objective could be strictly met only if the average number of settings were at least two, from which reduction to the minimum of one would be a 50% reduction. The average number of interview settings for the Sacramento County project was reduced by 31%, from 1.47 to 1.01, essentially the maximum reduction possible. The proportion of multiple setting cases was reduced from 37.3% to 1.4%, a 96% reduction.

We were unable to evaluate the Orange County project for this objective due to its incomplete reporting of the interviews done prior to project implementation. However, separate D.A. interviews conducted for most cases filed prior to the project, but not reported for the evaluation, were eliminated during the pilot project.

**(3) Reducing the number of medical examinations of suspected child abuse victims after the initial examination by at least 25 percent.**

Sacramento County was already using a specialized child abuse examination site and specialist examiners prior to the pilot project, so the project did not entail intentional changes in the provision of medical exams. Still, there was a reduction in the proportion of cases having medical exams that had more than one exam, from 22.4% prior to the project to 15.4% during it. This is a reduction of 31% but is not statistically significant.

The proportion of cases having exams that had multiple exams in Orange County was reduced from 27.5% prior to the project to 9.8% during it. This reduction of 64% is statistically significant ( $p=.002$ ).

**(4) Videotaping 100 percent of the interviews of child victim witnesses who agree to be videotaped.**

Once videotaping was implemented for all law enforcement jurisdictions, Sacramento County videotaped all interviews by the child interview specialists at the Multidisciplinary Interview Center (M.D.I.C.).

Since implementing videotaping in mid-April 1993, 98.9% of the 282 interviews at the Orange County central Child Abuse Services Team (CAST) site by child interview specialists have been videotaped. This included interviews for all central CAST cases involving Child Interview Specialists (CIS) from mid-April through November 1993. These cases also involved 117 additional interviews conducted elsewhere; none of those were videotaped.

**(5) Conducting multidisciplinary team reviews in 100 percent of the child abuse cases.**

The Sacramento County project essentially met this objective. Multidisciplinary Team (MDT) conferences were held at 99.5% of the comprehensive interviews, for 211 of the 212 pilot project cases. Later MDT review discussions were also held for 210 (99.1%) of the cases.

In the Orange County project, MDT conferences at the time of comprehensive interview were recorded for 81% of the 854 cases overall. However, this rate improved from 71.5% for the first series of cases, which were not videotaped, to 100% among the latest 285 cases, which were videotaped. Later MDT meeting reviews were reported for 38.6% of cases overall, increasing over time from 23.7% among the 589 non-videotaped cases, to 68.4% of the later videotaped cases.

**(6) Developing interagency agreements and protocols for interviewing child victim witnesses, focusing on reducing the stress on the child caused by the investigation.**

Both counties developed inter-agency agreements for interviewing; these are shown in Appendices J, K, L and M. Sacramento County reported that development of this interview protocol by both the child interview specialists and the members of the agencies involved in the project was very important to both team-building and acceptance of the coordinated approach to interviewing, and also to the training and development of the child interview specialist.

San Francisco County had interagency agreements for coordination in investigating child abuse reports which were in place prior to the start of the project, and had been submitted along with their proposal. However, these did not seem to be operational in practice, which was one of factors contributing to their inability to achieve the required coordination needed to implement the projects.

**(7) (A) Providing 40 hours of training to child interview specialists selected by a team composed of representatives from the district attorney's office, local law enforcement agencies, and social services agencies. (B) Improving the qualifications, selection process, and training of interviewers.**

The initial legislative training mandate was met by a specialized 40-hour course for child interview specialists sponsored by the Attorney General's Office and the Child Victim Witness Research and Evaluation Advisory Panel and conducted by the California State University, Los Angeles, Child Maltreatment and Family Violence Clinic.

The Sacramento County project final report best describes the selection and training process for CIS:

"The three Child Interview Specialists were selected from the Social Worker Masters Degree classification for Sacramento County. In addition to the masters degree in social work the candidates needed at least two years of experience in investigative interviewing, preferably in Childrens Protective Services (CPS) -- Emergency Response. Knowledge of child development, human behavior, child abuse and neglect, the child protection system and family dynamics was also required.

"The selection process involved advertising these new positions to all current CPS social workers, and a panel interview staffed by the project director, the project coordinator and a detective from the law enforcement agencies. Emphasis was placed on selecting candidates that demonstrated flexibility, a willingness to learn and receive feedback, diplomacy and a real interest in the team membership.

"The initial 40 hour ACIST training at California State University, Los Angeles proved invaluable in providing literature, resources and direction for the entire team. There was an advantage in having the training in a distant location for purposes of team building. Individuals were able to develop more personal relationships and a 'boot camp' bond developed. This training did not produce a 'child interview specialist' but did provide the foundation to begin to develop forensic interview skills.

"The M.D.I.C. child interview specialists report that the most valuable learning experience was the development of an interview protocol unique to the special needs of this community. They spent over a month reviewing interview protocols from around the United States. Once a draft protocol was developed it was circulated to all investigators, Childrens Protective Services, Law Enforcement and District Attorneys office for feedback and approval. This process was beneficial in training the interviewers in the investigators informational needs and also in promoting direct line staff buy in to the new interview process

Ongoing on-the-job feedback and peer review is vital to the development and maintenance of interview skills. Emphasis is placed on open communication between the interviewer and the investigators post interview and during a monthly meeting. In-house peer review is a formal review utilizing an evaluation form to identify strengths and problem areas of videotaped or live interviews. In addition to peer review the Child Interview Specialists meet monthly for three hours with a consulting psychologist and researcher in the field of child development. Feedback can be immediately integrated to strengthen and hone interview skills. . . .

"There are very few 'Child Interview Specialists' in northern California. The M.D.I.C. staff plans to provide training to new Interview Specialists in other counties and to eventually develop a network for information and support. It is very important that the Child Interview Specialists remain current in research findings, child development models and interview techniques. In keeping with this objective, they will continue to attend at least one national conference per year . (Sacramento Child Victim Witness Investigative Pilot Project Final Report, January 1, 1994).

Orange County also selected interview specialists from among social service lists, preferring those requesting transfers who had emergency response (ER) background and prior CAST experience. Two of the three CIS chosen did in fact have ER experience. They had the ACIST training but it was felt it would be too expensive to train subsequent interview specialists that way. For ongoing training and replacement of CIS when turnover occurred, they developed a model curriculum covering ten areas of experience needed for the job. Training in the ten areas in a year is needed for certification for working in multidisciplinary settings. Development of curriculum was to include all of social services, which would share costs.

**(8) Establishing or improving procedures for maintaining the confidentiality of audiotape and videotape interviews of child victim witnesses.**

Both counties established written procedures for maintaining the confidentiality of videotapes, including court orders for their use by defense. The protocols are reprinted in Appendices K and M.

**(9) Developing procedures for providing mental health and other support services to child victim witnesses.**

Both projects increased the proportion of cases having mental health services recommended and receiving such services. Sacramento's increase was most dramatic; virtually all children passing through their project got some services. The team reviews at a given site provided a focal point for pulling together service resources and maximizing the chances of the children being recommended for and connected to such services.

**(10) Reducing the traumatic impact of the investigative process on the minor by 30 percent.**

Although this objective as stated is ambiguous and difficult to define, the data we were able to collect about investigative trauma on child victim witnesses suggests that the projects met it in both spirit and letter.

In Sacramento County, the only project site where we were able to collect data clean enough to report with respect to a variety of factors believed to be associated with increased investigative trauma -- more interviewers, interviews, interview settings, and longer amount of time in interviews -- these were all reduced significantly by the project. Average number of interviewers, interviews, and interview settings, and total interview time, were each reduced by more than 30%. The total proportion of children subjected to more than the minimum of one interviewer, interview, and interview setting was also reduced by at least 30%.

With respect to the children's own self-assessments of their feelings following the (first) interview, 54 percent more children gave positive responses about the interview, and 53 percent more children about the interview place, during the project in Sacramento than prior to it. The average scores were significantly more positive during the project than before it. In Orange County, comparing groups of children with similar abuse characteristics, the average scores were also more positive during the project than before it, although only significantly so for the question asking their feelings about the interview place.

Thus the projects can reduce traumatic investigation characteristics of multiple interviewers, interviews, and interview settings, and total time spent in interviews; and children report themselves to feel better following interviews during the project than they did prior to the projects. The latter effect was found most clearly and consistently with respect to children's feelings about the multidisciplinary interview centers, as opposed to any alternative interview sites, and, interestingly, for interviews that were videotaped compared to those that weren't.

**(c) The panel appointed by the office of the Attorney General shall collect data from each investigative pilot and demonstration project for purposes of comparing the costs for child victim witnesses not served by the project. Savings will be measured by costs related to, but not limited to, the reduction in the number of interviewers, interview settings, and medical examinations, and other savings associated with coordination efforts.**

The costs incurred to implement the elements of these projects, above and beyond those already allocated for the operation of investigation-related activities by agencies in counties without a multidisciplinary interview center, will depend on each county's existing organizational setup, facilities, investigative procedures, and geographic layout. Variations in conditions across counties preclude developing a single quantitative estimate of project implementation costs and savings. These local conditions must be taken into account in estimating each individual county's costs for start-up (in time spent planning and implementing, and facilities/equipment costs), training and implementation, and ongoing site operation (including regular problem-solving).

The main ongoing costs for implementing these projects is personnel time. Evidence from the pilot projects indicates that time savings are available by reducing number of interviews, interviewers, and total interview time, as occurred in Sacramento, and by reducing instances of multiple medical exams, as was done in Orange County. In addition, estimates of both actual time expenditures and the project's effect on time spent, by personnel involved in investigations from both counties, indicate that they think that the pilot projects are neutral or may slightly reduce time spent for investigations, compared to cases investigated before the project.

Cost factors should always be considered in light of the purposes for which those costs are incurred: the investigation of child sexual abuse reports, and the protection of the children involved. Evidence presented in this report, coming directly and/or indirectly from data from abuse cases and from survey respondents from both counties indicates that, when properly implemented, these projects can reduce the level of trauma experienced by child victim witnesses and improve the truth-finding quality of the investigations. Thus the finding that the main ongoing cost elements, the time spent by personnel involved with the investigation, did not increase under the pilot project, while the main outcomes of child trauma and investigative effectiveness improved, suggests that investigations conducted under the pilot projects may be more cost effective than were investigations done before.

# Appendix C

## Cost Considerations

## COST CONSIDERATIONS

Chapter 1220, Statutes of 1989 (SB 218) calls for collection of data to enable comparison of costs of handling cases investigated under the pilot/demonstration projects with cases not served by the projects. However, no single quantitative comparison would be either feasible or meaningful, due to the variation in the factors contributing to non-project case investigations across California counties, and the consequent differences in costs that would be attendant on implementing the elements of the pilot/demonstration project elements in different counties. Variations in factors such as existing inter-agency coordination, geographical logistics, current investigative policies and practices, availability and experience of existing staff, and availability of a center site, will all significantly influence the process, expected effects, and expected costs of instituting the pilot project form of investigations within any given county. After having seen the development process of the pilot projects through the stages from initial planning, to implementation, through full-scale operation in the two counties, we have identified the cost elements that should be taken into account in planning whether or how to implement similar centers and investigative practices in other counties. Thus, rather than attempting to produce dollar estimates with questionable applicability, we here present those cost elements.

These cost elements may be broken into three major categories, each of which can be expected to vary according to phase of the project: (1) time expenditures for existing agency personnel; (2) training costs; and (3) costs related to the multidisciplinary center itself.

### (1) Staff Time Expenditures

There will be time expenditures for existing personnel on three separate "team" levels: (1) the policy-level committee level, (2) the mid-level management level, and (3) the operational multidisciplinary team, or MDT level.

In addition to these are the costs of personnel to operate the center, including a director, interview specialists, and support staff. Any or all of these center personnel costs might come from reassignment of existing agency staff.

The formation of a policy-level committee, consisting of top-level professionals from all agencies participating in the multidisciplinary center, is necessary for the initial planning phase. Its maintenance, perhaps with reduced time demands, is also necessary to oversee operation of the center. The function of the committee is to oversee all aspects of planning (which may require months of intensive work), the breaking-in or implementation phase of the center, and the center's continuing operation and use by the cooperating agencies. This requires that some small percent of time to carry out these duties be incorporated into the time/work week of those who are on such a committee.

The mid-level management team is made up of program administrators and supervisors from the participating agencies. Its function is to implement the specific policy changes proposed by the policy-level committee, including providing and monitoring ongoing training, team-building, and problem-solving. Time must be allotted to allow members to meet regularly.

The multidisciplinary team is composed of the line professionals who are responsible for decisions about handling specific cases. They may include staff that actually carry out the investigative work and are directly responsible for handling the individual cases brought to the center, who discuss the case at the time of the comprehensive interview at the center, or agency representatives who meet at the regularly scheduled MDT meetings to review cases and make

decisions about what to do to further meet the needs of the children and the investigation. Members' roles case conferencing at the interviews or participating in the MDT meetings can be defined as part of their regular caseload or supervisory responsibilities.

Possible time efficiencies from the project can result from reduction in total numbers of interviews and interviewers (and associated travel time). In Sacramento, for instance, the average number of interviews was reduced by 44%, and interviewers reduced by 42%. These savings in staff time would be somewhat offset by the increased number of staff observing at the comprehensive interview, and participating in the regular MDT review meetings. The added staff time used for interview observation and review would also involve increased case coverage by the agencies involved in the investigations, since some cases that previously would not have been reviewed by social service, law enforcement or the D.A.'s office now will be. In addition, several police reported that team-reviewed cases can be handled more efficiently because the D.A. provides on-the-spot feedback about whether to continue or close an investigation and, if continued, how.

The very nature of using an interview center and carrying out investigations in a coordinated manner across all participating agencies entails that additional time be allotted for travel (to and from interview site), interdisciplinary meetings on cases, and problem resolution on a regular basis. In addition, it is important to designate a lead or anchor agency, which will be responsible for making sure that the implementation phase runs as smoothly as possible. Travel time is going to vary greatly based on the particular geographic features of each county. Time spent resolving problems between agencies or particular staff members will be more visible with coordinated investigations, but may also be more efficiently handled (and disseminated) through an established problem resolution mechanism than they would be otherwise.

The project survey asked respondents to compare the amount of time spent overall and on various tasks before and since implementation of the pilot projects. (A copy of the project survey is shown in Appendix F.) Responses tabulated from those able to answer about time involvement for both periods show slight variations up and down, depending on task; almost none of these variations are statistically significant. Time differences for various tasks generally vary in the directions expected, and predicted, for the project, e.g., less time interviewing, more time observing interviews, and less time documenting investigations during than prior to the project, and so on. In several cases the average weekly time spent on a task during the project compared to before it was not as expected. Orange County respondents did not spend more time in travel, or discussing cases with other agencies, or providing support to children and their families during the project than before it. But these unexpected results were not statistically significant, and were each in the direction of the pilot project not involving increased time demands.

Overall, both counties rated their average total hours spent working per week as somewhat lower during the project in 1993 than before it in 1991. These data suggest that, although the distribution of time spent on various tasks may have changed slightly, working on investigations during the project did not take more time than it had prior to the projects.

Another question in the survey asked about the effects of the various pilot project elements and of the overall project on time spent by the survey respondent. Respondents from both counties rated the overall project and its components as basically neutral with respect to their effects on time. On a scale from one (less time) to five (more time), Orange County respondents rated the elements between 2.6 and 2.9 (marginally taking less time) and the overall project exactly in the middle of the scale, at 3.0. Sacramento respondents rated the effect on time spent of the individual project elements between 2.4 (for videotaping interviews) and 3.2 (MDT review of investigation), and all the pilot

project elements combined 2.7 (marginally less time required). These responses reinforce the impression that those with experience conducting investigations before and since the pilot projects do not believe that it takes more staff time to conduct investigations under the projects.

## **(2) Training**

The most obvious added cost element in this area is for training of the child interview specialists, who conduct the interviews performed at the multidisciplinary center. Training of the new child interview specialists for the projects initially consisted of forty hours of ACIST training. Involvement of the interview specialists in the development of interview protocols and ongoing peer review and work with more experienced interview specialists were also noted to be important parts of the training process.

Counties need to develop access to training for new CIS' brought in by expansion or turnover. Such training can be provided through external sources (likely to require a cost outlay), use of experienced CIS's on staff as training resources, development of local training tools and methods, or a combination.

The second main area of training concerns all other line professionals, who will need training on new procedures, particularly those involving interagency agreements and protocols. Much of this training can be absorbed into existing arrangements for staff meetings, staff development, or employee orientations.

Training also offers an opportunity to recoup some costs. Interview specialists, program directors, and expert medical examiners may find opportunities to provide training to other counties or the private sector, which can bring in some revenues to offset other program costs.

## **(3) Multidisciplinary Center Site**

Obtaining and maintaining a physical site for the multidisciplinary interview center, which is specially designed to address the needs of children, will incur additional costs. The level of such costs will depend on whether an existing site can be adapted for this purpose.

The interview center should be both child-friendly and facilitate the work of the professionals using it: with age-appropriate play materials; spaces suitable for the confidential uses of the various staff involved in the investigation; videotaping equipment and staff trained to operate it; support staff and interviewer specialists who interact well with children, families and staff from various agencies; and a site director to oversee center operations, facilitate communications, and act to resolve problems at whatever level of intervention is appropriate and necessary.

The interview site should minimally include separate child and family/caretaker waiting rooms, one or more specially-designed interview room (each with video equipment and one-way mirror between interviewing and observer areas), and offices for director, center support staff, on-site D.A., and interview specialists, and confidential areas for law enforcement, team case conferences, and for assessments or provision of services or CPS intervention. Establishing this center entails one-time site preparation (and possibly acquisition) costs, followed by routine maintenance costs. For sites that are converted from pre-existing county facilities, acquisition sites will be minimized, and ongoing maintenance costs are likely to be largely covered already in an existing budget.

In addition to the multidisciplinary interview center, specially designed and equipped medical exam facilities should be available, either on-site or at an accessible medical facility.

Costs for support staff and/or interview specialists may be arranged from existing personnel lines in agency budgets, since they relieve social service and detective investigators of some of their responsibilities to interview child victim witnesses. Interview specialists for these projects were recruited from pools of social workers with experience with interviewing children and with county child protection systems; overall, social workers are likely to be less costly than detectives for this purpose.

### Summary

The costs incurred to implement the elements of these projects, above and beyond those already allocated for the operation of investigation-related activities by agencies in counties without a multi-disciplinary interview center, will depend on each county's existing organizational setup, facilities, investigative procedures, and geographic layout. Variations in conditions across counties preclude developing a single quantitative estimate of project implementation costs and savings. These local conditions must be taken into account in estimating each individual county's costs for start-up (in time spent planning and implementing, and facilities/equipment costs), training and implementation, and ongoing site operation (including regular problem-solving).

The main ongoing costs for implementing these projects is personnel time. Evidence from the pilot projects indicates that time savings are available by reducing number of interviews, interviewers, and total interview time, as occurred in Sacramento, and by reducing instances of multiple medical exams, as was done in Orange County. In addition, estimates of both actual time expenditures and the project's effect on time spent, by personnel involved in investigations from both counties, indicate that they think that the pilot projects are neutral or may slightly reduce time spent for investigations, compared to cases investigated before the project.

Cost factors should always be considered in light of the purposes for which those costs are incurred: the investigation of child sexual abuse reports, and the protection of the children involved. Evidence presented in this report coming directly and/or indirectly from data from abuse cases and from survey respondents from both counties indicates that, when properly implemented, these projects can reduce the level of trauma experienced by child victim witnesses and improve the truth-finding quality of the investigations. Thus the finding that the main ongoing cost elements, the time spent by personnel involved with the investigation, did not increase under the pilot project, while the main outcomes of child trauma and investigative effectiveness improved, suggests that investigations conducted under the pilot projects may be more cost effective than were investigations done before.

The extent of the benefits available from implementing the elements of these projects in a given county will also depend on its current practices and conditions: how many times children are generally interviewed now, by how many interviewers, with what kind of training and experience, in what environments, with what kind of documentation, and so on. Both the expected costs and the potential range of improvements in program outcomes should be considered by jurisdictions contemplating making the recommended reorganization of child sexual abuse investigations along the lines represented by these projects.

# Appendix D

Pilot Project Baseline Data Collection Form

Completed by: \_\_\_\_\_

INTAKE INFORMATION

Case ID:   /  -  /  /  /  /  /  -  /  /  /  /  /  /  

Site: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Center ID: \_\_\_\_\_  
Date of 1st Contact: \_\_\_\_\_  
                    /  /  

Child's name:  
Str: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_  
Zip: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Guardian #1  
Sex: \_\_\_\_\_  
          [Male; Female; C; DK]  
Marital status: \_\_\_\_\_  
          [Single; SeParated;  
          DiVorced; MaRried; DK]

At time of initial  
interview, was CHILD in  
...protective cust? \_\_\_\_\_  
...foster care? \_\_\_\_\_  
[Yes; No; Don't Know (DK)]

Guardian #1  
Name: \_\_\_\_\_  
Str: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_  
Zip: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Relation: \_\_\_\_\_  
          [MOTHER; FATHER;  
          Other Relative;  
          LeGal guardian;  
          Placement; Other;  
          DK]

[Number of siblings  
interviewed in the  
field: \_\_\_\_\_]

Guardian #2  
Name: \_\_\_\_\_  
[Str: \_\_\_\_\_]  
[City: \_\_\_\_\_] [St: \_\_\_\_\_]  
[Zip: \_\_\_\_\_] [Tel: (\_\_\_\_) \_\_\_\_\_]

Guardian #2  
Sex: \_\_\_\_\_  
          [Male; Female; DK]  
Relation: \_\_\_\_\_  
          [MOTHER; FATHER;  
          Other Relative;  
          LeGal guardian;  
          Placement; Other;  
          DK]

Child's Demographic Information

DOB:   /  /    
Sex:    [Male; Female]

Ethnicity: \_\_\_\_\_  
Am. Ind. Japanese  
Black Pacif. Is.  
Chinese SE Asian  
Filipino White  
Hispanic Don't know  
Other \_\_\_\_\_

Primary language: \_\_\_\_\_  
Chinese Laotian  
English Spanish  
H'mong Tagalog  
Japanese Vietnamese  
Don't know  
Other \_\_\_\_\_

Referral Information

	<u>Agency</u>	<u>Staff</u>	<u>Rep/File #</u>	<u>Date</u>	<u>Name of Invest/SW/DA</u>
1st responding	_____	_____	_____	____/____/____	_____
Law Enforc'm't	_____	_____	_____	____/____/____	_____
Soc Services	_____	_____	_____	____/____/____	_____
DA	_____	_____	_____	____/____/____	_____
Other	_____	_____	_____	____/____/____	_____

[Agency column: Use Agency code  
Staff column: Use Staff Position codes below]

Staff Position codes

- |                        |                     |                       |
|------------------------|---------------------|-----------------------|
| 11=Vertical Soc Worker | 18=CIS detective    | 25=Advocate           |
| 12=Out-stationed S Wkr | 19=Pilot Proj Dir   | 26=Translator         |
| 13=Emerg Resp Soc Wrkr | 20=Pilot Proj Staff | 27=MDT Observer       |
| 14=CIS Soc Worker      | 21=CIS CASARC       | 28=Military Personnel |
| 15=Other Soc Worker    | 22=D.A.             | 29=Other              |
| 16=Police              | 23=Medical          | 30=Attorney for Minor |
| 17=Detective           | 24=Therapist        |                       |



Completed by: \_\_\_\_\_

ALLEGED PERPETRATOR (2)

Alleged Sexual Activity

Circle all that apply for this alleged perpetrator.

Fondling of Minors

Clothed: 10 breasts 11 vagina 12 buttocks 13 penis 14 thighs  
Unclothed: 15 breasts 16 vagina 17 buttocks 18 penis 19 thighs

Fondling of Perpetrators

Clothed: 20 breasts 21 vagina 22 buttocks 23 penis 24 thighs  
Unclothed: 25 breasts 26 vagina 27 buttocks 28 penis 29 thighs

Penetration

Attempted: 30 digital 31 penis 32 foreign object  
Completed: 33 digital 34 penis 35 foreign object

Sodomy

Attempted: 36 digital 37 penis 38 foreign object  
Completed: 39 digital 40 penis 41 foreign object

Oral Copulation

Of victim: 42 fellatio 43 cunnilingus  
Of suspect: 44 fellatio 45 cunnilingus  
Of another child: 46 fellatio 47 cunnilingus

Other Physical Contact

48 kissing 49 clothed simulated intercourse  
50 penis between thighs 51 other physical contact

Other

52 indecent exposure 53 pornography--taken of child  
54 pornography--shown to child 55 exposed to viewing sexual act  
56 other (specify) 57 no activity disclosed

Sexual activity: \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_  
[Fill in up to 10]

Nature of coercion used: \_\_\_/\_\_\_/\_\_\_/\_\_\_ [Choose up to 4 codes]

- 0=None
- 1=Promise gifts, verbal persuasion, seduction
- 2=Verbal threats
- 3=Threatened use of weapon
- 4=Physical coercion and direct assault
- 5=Brandishing a weapon before or during the offense
- 6=Other
- 7=Don't know
- 8=Emotional coercion

Date of: 1st alleged abuse: \_\_\_/\_\_\_/\_\_\_ ...last alleged abuse: \_\_\_/\_\_\_/\_\_\_

Duration of abuse: \_\_\_

- 1=1 day
- 2=2 days to 6 months
- 3=6 months to 5 years
- 4=Over 5 years
- 5=Don't know

Frequency of abuse: \_\_\_

- 1=once
- 2=2-5 times
- 3=6-19 times
- 4=20+
- 5=Don't know



Completed by: \_\_\_\_\_

SUMMARY OF INTERVIEWS DONE BY AGENCY

Agency Summary # \_\_\_\_\_

Case ID: \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_-\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_

Complete one form for each agency whose staff conducted an interview with the child victim witness.

Agency: \_\_\_\_\_

**FOR THIS AGENCY ONLY:**

In total, how many interviews were conducted by THIS agency? \_\_\_\_\_

Indicate the **total number of different interviewers** from your agency for **each** staff position type. [You may want to note initials here as well, to help keep track of individuals in each category.]

In total, how many DIFFERENT people QUESTIONED the child through THIS agency? \_\_\_\_\_

Social worker: \_\_\_\_\_ DA: \_\_\_\_\_  
Police: \_\_\_\_\_ Medical: \_\_\_\_\_  
Detective: \_\_\_\_\_ CIS: \_\_\_\_\_  
Translator: \_\_\_\_\_ Other: \_\_\_\_\_

If other, specify: \_\_\_\_\_

In total, how many DIFFERENT people OBSERVED the child in interviews through THIS agency? \_\_\_\_\_

Number of interviews memorialized by audiotape: \_\_\_\_\_ -times reviewed: \_\_\_\_\_  
Number of interviews memorialized by videotape: \_\_\_\_\_ -times reviewed: \_\_\_\_\_  
Number of interviews memorialized by written report: \_\_\_\_\_

Number of times videotaped interview was used by this agency in lieu of additional interviews during investigative process: \_\_\_\_\_

Completed by: \_\_\_\_\_

MEDICAL EXAMS

Medical Exam #: \_\_\_\_\_

Case ID: \_\_/\_\_/\_\_/\_\_/\_\_-\_\_/\_\_/\_\_/\_\_

Complete one form for each medical examination of the child victim witness.

Date of exam: \_\_/\_\_/\_\_

Reasons for exam: \_\_/\_\_/\_\_/\_\_/\_\_  
[Up to 5]

Conducted at: \_\_\_\_\_

- 1=Centralized ch abuse exam center
- 2=Hospital emergency room
- 3=Private physician's office
- 4=Other hospital/clinic setting
- 5=Other

- 11=Investigative request, initial screening exam
- 12=Nature of abuse
- 13=Recency of abuse
- 14=Age of child
- 15=Investigative request, incomplete initial exam
- 16=Investigative request, nonexpert initial exam
- 17=Investigative request
- 18=Requested by physician for consultation
- 19=Requested by prosecutor
- 20=Requested by defense
- 21=Other (specify)

Completed by: \_\_\_\_\_

- 1=Exprt forensic ch abuse examiner
- 2=Family's physician
- 3=Emerg. Room physician
- 4=Other practitioner

22=Subsequent allegation \_\_\_\_\_

Physical findings: \_\_\_\_\_

	Pos Fndg	Neg Fndg
Consistent w/history	1	4
Inconsistent w/history	2	5
No history	3	6

Clarified with investigator? \_\_\_\_\_  
[Yes; No; DK]

Other conditions identified and treated? \_\_\_\_\_ [Yes; No; DK]  
If yes, specify: \_\_\_\_\_

Completed by: \_\_\_\_\_

MDT PROCESS

Case ID: \_\_\_/-\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/

Was there an MDT discussion of this case? \_\_\_ [Yes; No]

Who participated in case discussion?  
Conf Rev FwUp

Did action plans come out of MDT? [Yes; No]

**Dates:**

Case confer: \_\_\_/\_\_\_/\_\_\_

MDT review: \_\_\_/\_\_\_/\_\_\_

1st follow-up: \_\_\_/\_\_\_/\_\_\_

Scheduled: \_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

Pilot Pr \_\_\_ \_\_\_ \_\_\_  
CIS Intv \_\_\_ \_\_\_ \_\_\_  
Police \_\_\_ \_\_\_ \_\_\_  
Soc srvc \_\_\_ \_\_\_ \_\_\_  
DA \_\_\_ \_\_\_ \_\_\_  
Ch advoc \_\_\_ \_\_\_ \_\_\_  
Medical \_\_\_ \_\_\_ \_\_\_  
Therapy \_\_\_ \_\_\_ \_\_\_  
Other \_\_\_ \_\_\_ \_\_\_

[Enter S if supervisor or agency rep., C for staff responsible for case directly]  
If other at MDT review, specify:  
\_\_\_\_\_

**Case conference recommendations:**

\_\_\_/\_\_\_/\_\_\_/\_\_\_

- 1=Further interview
- 2=Medical exam
- 3=MH services
- 4=Child advocate
- 5=Service referrals
- 6=Juvenile court involvement
- 7=Crim. court involv't
- 8=Other
- 9=Additional invest'n
- 0=None

Case conference comments: \_\_\_\_\_

\_\_\_\_\_

Continued on back? \_\_\_/

MDT review recommendations: \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/

- 1=Further interview
- 2=Medical exam
- 3=Mental health services
- 4=Child advocate
- 5=Service referrals
- 6=Juvenile court involvement
- 7=Criminal court involvement
- 8=Other
- 9=Voluntary social services
- 0=None

MDT review comments: \_\_\_\_\_

\_\_\_\_\_

Continued on back? \_\_\_/

Number of interviews reviewed by MDT: Audiotapes: \_\_\_ Videotapes: \_\_\_

Impact of recorded review on MDT recommendations: \_\_\_\_\_

\_\_\_\_\_

Continued on back? \_\_\_/

Comments on MDT process: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continued on back? \_\_\_/

[Use back of this page or attach additional sheets if necessary, and check the "Continued on back?" box.]





Completed by: \_\_\_\_\_

**VIDEOTAPING**

Case ID: \_\_/\_\_/\_\_/\_\_/\_\_-\_\_/\_\_/\_\_/\_\_

**Videotape used in:...**

[Yes; No; DK; Not Applic]

Jurisdic't'l hearing? \_\_\_ Grand jury? \_\_\_  
Criminal filing? \_\_\_ Trial? \_\_\_  
Dependency filing? \_\_\_ Prelim hearing? \_\_\_ Judge "in camera"? \_\_\_

Was videotaped interview used in  
investigative or judicial process  
in another way? \_\_\_ [Yes; No; Don't Know; Not Applicable]

If yes, explain: \_\_\_\_\_  
Continued on back? \_\_\_/

What legal authority was used to introduce videotaping to judge, jury, or  
court? \_\_\_\_\_

Was videotaped interview used by the defense? \_\_\_ [Yes; No; Don't know]

If yes, explain how it was used by the defense: \_\_\_\_\_  
Continued on back? \_\_\_/

What impact did the videotaped interviews (or lack of them) have on this  
case? \_\_\_\_\_  
Continued on back? \_\_\_/

**COURT PROCESS**

**Juvenile Court**

Number of juvenile court appearances by child:  
Appearance dates: \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ [Scheduled: \_\_/\_\_/\_\_]

Juvenile court outcome: \_\_\_\_\_ Date of outcome: \_\_/\_\_/\_\_  
1=Depndncy established, ch in home 4=Case dismissed, outright  
2=Depndncy estab., ch not in home 5=Case dismissed,  
3=Depndncy not estab., litig. cont. 330 agreement/informal supervision  
0=Not applicable

**Criminal Court**

Number of criminal court appearances by child:  
Appearance dates: \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ [Scheduled: \_\_/\_\_/\_\_]

Criminal court outcome: \_\_\_\_\_ Date of outcome: \_\_/\_\_/\_\_  
1=Dismissal 4=Reduced to misdemeanor 7=Conviction by plea  
2=Acquittal 5=Convict. by ct. trial 8=Still in proceedings  
3=Diversion 6=Conviction by jury 0=Not applicable  
Sentence: \_\_\_ [1=Probation; 2=County jail; 3=State prison; 4=Other;  
0=Not applicable]

If other, specify: \_\_\_\_\_

# Appendix E

Pilot Project Uniform Data System

## Pilot Project Uniform Data System (UDS)

The Child Victim Witness Investigative Pilot Project evaluator, the Children's Advocacy Institute, in conjunction with the Office of the Attorney General, developed a PC-based child abuse investigation data system. The system allows local data entry, case tracking, and reporting through use of its menu-driven screens. It is designed to be user-friendly, flexible and to facilitate access to data by local users.

The current version of the system, called the Uniform Data System (UDS), runs in dBase 4, with a compiled version available. A new version, to be called the Child Abuse Data System (CADS), is being developed. It is expected to run in FoxPro.

Both versions should use at least a 386 PC. UDS system files take up about 1 MB of disk space, exclusive of data files.

The UDS' main menu is accessible via a read-only or read-write password, set by the user. Menu choices include data entry/edit, reports, backup, and several file management options. The 10 data entry screens include 6 for information about each child victim's case, plus associated screens for information about alleged perpetrators and nature of abuse, interviews, medical exams, and agency summary information. The case data entry forms shown in Appendix D closely follow these data entry screens. Each data-entry screen is activated through a menu option bar at the bottom. Reports available include several types of line listings, with cases selected by case status and agencies involved; individual case reports; and summary statistics for cases occurring within user-specified dates. Documentation is available for completing the data-entry forms, which are keyed to the screens, and for use of the data system itself.

Expected revisions in the FoxPro-based CADS version include:

- \* Archiving of records;
- \* Expanded and more flexible report functions, allowing user to select records on which to report, report form to use, and, for case-listing reports, case listing order;
- \* Revised data entry screens and data file contents;
- \* Utilities to allow a wider range of file management and analysis options.

The revised CADS should be available for testing during 1994. The program itself is expected to be free, with training, support, and customization by the programmer available for a fee.

During the system's modification during 1994, we welcome inquiries from potential users, as well as input about revisions in the contents of the data entry screens or other system characteristics.

For comments or inquiries, please contact:

*Randy Reiter, Research Director  
Children's Advocacy Institute  
3313 Grand Ave., Suite 202  
Oakland, CA 94610  
Phone (510) 444-7994 / Fax (510) 444-7995*

# Appendix F

Pilot Project Survey Questionnaire

## Child Victim Witness Investigative Pilot Projects

### Project Survey Questionnaire

#### Introduction

For the past two years, your county has participated in the Child Victim Witness Investigative Pilot Projects (the "pilot projects," i.e., Multi-Disciplinary Interview Center, or MDIC). The pilot projects, mandated by the state legislature, were designed to implement the child abuse investigation practices that were recommended in the *Final Report of the California Child Victim Witness Judicial Advisory Committee* (October 1988). The Children's Advocacy Institute (CAI) was selected by the Office of the Attorney General to evaluate the pilot projects.

To understand the effects of the pilot projects on investigations and on children in the system, we have been collecting information about individual cases. You may have assisted with the collection of this data already. Now, we are conducting a survey of social workers, law enforcement officers, assistant district attorneys and others who have been involved with the pilot projects in order to incorporate a broad range of perspectives and experience from front line child protective service workers. This survey gives you the opportunity to express your ideas about the project's general approach to investigations, and about the implementation and effects of the pilot project in your county.

In particular, we are interested in your assessment of the following:

- the effect that the pilot project has had on how you spend your time on the job and on your satisfaction with your job
- the impact of the different elements of the pilot project on the efficiency and effectiveness of investigations, and on the level of trauma experienced by child victim witnesses
- on what basis you decide whether or not to refer any particular case to MDIC
- the performance and needs of your county's child sexual abuse investigations for criminal and/or dependency proceedings.

All of your comments will remain confidential. The questionnaires are to be returned to us at CAI directly, so they will never be seen by any county personnel. We will not report information in a way that would allow any particular individual's responses to be identified. You should feel free to make additional comments in the spaces provided on each page, or you may attach additional sheets as needed. If you have any questions, please call me at (415) 397-9401, or Laura Coulthard at MDIC, at (916) 978-2080. *Please return this questionnaire as soon as possible to:*

**CVWIPP Evaluation  
Children's Advocacy Institute  
Center for Public Interest Law  
3313 Grand Avenue, Suite 202  
Oakland, CA 94610**

Thank you, in advance, for completing this questionnaire, and for all the other efforts that you have made to assist with the implementation and evaluation of the pilot projects. Your responses will be invaluable to our understanding of how these projects have worked, and to whether and how they should be implemented elsewhere in the future.

Randy Reiter  
Research Director  
Children's Advocacy Institute

Today's date: \_\_\_\_\_

1. Which of the following categories best describes the agency where you now work?

- |                                       |                      |                              |
|---------------------------------------|----------------------|------------------------------|
| _____ Law enforcement agency          | _____ Victim Witness | _____ CASA                   |
| _____ Social services agency          | _____ Medical Center | _____ Child Abuse Council    |
| _____ Office of the District Attorney | _____ County Council | _____ Other (specify): _____ |

2. How many years have you been employed by the agency where you now work? \_\_\_\_\_ years

3. How many years of experience do you have investigating child sexual abuse allegations? \_\_\_\_\_ years

4. How many years of experience do you have investigating child sexual abuse allegations *in this county*? \_\_\_\_\_ years

5. a) On how many child sexual abuse cases have you worked?

- |             |               |             |
|-------------|---------------|-------------|
| _____ None  | _____ 1-24    | _____ 25-49 |
| _____ 50-99 | _____ 100-199 | _____ 200+  |

b) How many of these cases have you investigated through CAST/MDIC? \_\_\_\_\_ cases

6. Which of the following best describe your professional involvement with child sexual abuse cases?

- |  |                      |                              |
|--|----------------------|------------------------------|
| _____ Child interview specialist (CIS) | _____ Assistant DA   | _____ Other medical staff    |
| _____ Social worker                    | _____ Other attorney | _____ Child advocate         |
| _____ Detective                        | _____ Nurse          | _____ Other (specify): _____ |
| _____ Other law enforcement officer    | _____ Therapist      | _____                        |

7. What percent of your work is related to sexually abused children or their families? approximately \_\_\_\_\_ %

8. What percent of your professional time is spent on the following activities?

- |                                |         |
|--------------------------------|---------|
| Administration/supervision     | _____ % |
| Case-specific work             | _____ % |
| Other (specify general areas): | _____ % |

\_\_\_\_\_ (Total = \_\_\_\_\_ 100 %)

9. Since the beginning of 1991, have government systems for the protection of children in your county generally gotten better or worse? In what ways are they better/worse for children?

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10. What factors, other than those directly related to the pilot project, have affected investigations of child sexual abuse reports in your county since January 1991? (e.g., loss of resources and/or personnel, administrative changes)

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11. Comparing your current situation to your situation at the beginning of 1991, are you more or less satisfied with your job? What has made you more/less satisfied?

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12. What factors have contributed to the successes and/or failures of the pilot project in your county?

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13. What are the three most important actions your county should take to improve its response to sexually abused children?

(1) 

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(2) 

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(3) 

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14. What does your county need (in addition to greater funds) to carry out these actions?

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15. Describe your overall impressions of how changes in the investigative process under the pilot project have affected how you spend time on the job.

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In the table that below, *estimate* the number of hours that you spent on each task in an average week in mid-1991, before the pilot project changes, and in an average week (mid-1993) this year during the pilot project. Write the numbers in the designated spaces.

TASKS	HOURS PER WEEK, before the pilot project (Mar-Jun 1991)	HOURS PER WEEK, during the pilot project (Mar-Jun 1993)
• interviewing child victim witnesses		
• observing interviews of child		
• reviewing interviews of child (notes or recordings)		
• interviewing others involved with cases of alleged sexual abuse (e.g., alleged perpetrators, non-offending parents/guardians, individuals reporting allegations)		
• traveling to and from interview locations (including transporting child)		
• documenting investigations of child sexual abuse (i.e., recording notes, completing forms and reports)		
• discussing cases with others <i>in your agency</i>		
• discussing cases with staff <i>from other agencies</i>		
• providing support services to child and non-offending parents/guardians		
• preparing for and making court appearances		
• in training sessions about investigating child sexual abuse allegations or implementing the pilot project		
• on administrative tasks related to the investigation of child sexual abuse allegations		
• on other tasks related to investigations (specify)		
(1)		
(2)		
<i>Total number of hours worked in an average week</i>		
<i>Total number of cases handled in an average week</i>		

16. Please give your overall view of what *should* be the most important objectives of child abuse investigations, and how well these *are actually* met under the pilot project arrangements.

In the table below, indicate your judgment of (a) the relative importance of the various pilot project objectives, and (b) how well the pilot project did in achieving them, compared to prior investigations. [Mark "0" if you have no opinion.]

PILOT PROJECT OBJECTIVES	(a) IMPORTANCE						(b) PERFORMANCE					
	not important			very important		?	much worse			much better	?	
• minimizing the number of different interview settings	1	2	3	4	5	0	1	2	3	4	5	0
• orienting interview settings toward children	1	2	3	4	5	0	1	2	3	4	5	0
• minimizing the number of interviews with child victim witnesses	1	2	3	4	5	0	1	2	3	4	5	0
• improving the quality of evidence	1	2	3	4	5	0	1	2	3	4	5	0
• minimizing the number of different child interviewers	1	2	3	4	5	0	1	2	3	4	5	0
• improving the extent to which interviews meet the information requirements of all disciplines/agencies involved	1	2	3	4	5	0	1	2	3	4	5	0
• minimizing the length of the investigative process	1	2	3	4	5	0	1	2	3	4	5	0
• improving the quality and comprehensiveness of initial medical evidentiary examinations	1	2	3	4	5	0	1	2	3	4	5	0
• improving procedures for providing mental health and other support services to child victim witnesses	1	2	3	4	5	0	1	2	3	4	5	0
• improving the extent and continuity of support during the investigative process for child victim witnesses	1	2	3	4	0	0	1	2	3	4	5	0
• minimizing the trauma experienced by the child victim witness during the investigative process itself	1	2	3	4	5	0	1	2	3	4	5	0

17. What is your overall impression of the implementation of the pilot project investigative process?

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*In the table below, indicate your judgement of (a) how often and (b) how well each pilot project element was implemented.*

PILOT PROJECT ELEMENTS	IMPLEMENTATION													
	(a) HOW OFTEN?					(b) HOW WELL?								
	[0 = no opinion/don't know]													
	almost never	1	2	3	4	5	?	very poorly	1	2	3	4	5	?
• inter-agency coordination during the course of investigations	1	2	3	4	5	0		1	2	3	4	5	0	
• coordination of inter-agency interviews	1	2	3	4	5	0		1	2	3	4	5	0	
• comprehensive interviews by trained Child Interview Specialist (CIS), following protocols	1	2	3	4	5	0		1	2	3	4	5	0	
• videotaping of interviews with child (in videotaping phase only)	1	2	3	4	5	0		1	2	3	4	5	0	
• multi-disciplinary team (MDT) review of investigations	1	2	3	4	5	0		1	2	3	4	5	0	
• MDT review of service referrals	1	2	3	4	5	0		1	2	3	4	5	0	

18. What is your overall impression of the impact of the pilot project on each of the following:

*For each area, compare the current pilot project elements to prior investigative procedures.*

(a) the level of trauma experienced by the child victim witness during the investigation?

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(b) on the effectiveness of the investigations

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c) on the amount of time spent on the investigation?

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PILOT PROJECT ELEMENTS  [0 = no opinion/don't know]	IMPACT																	
	(a) On level of trauma for child						(b) On effectiveness of investigation						(c) On time spent on case					
	less trauma			more trauma		?	less			more		?	less time		more time	?		
• inter-agency coordination during the course of investigations	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
• coordination of inter-agency interviews	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
• comprehensive interviews by trained CIS following protocols	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
• videotaping of interviews with child (in videotaping phase only)	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
• MDT review of investigations	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
• MDT review of service referrals	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
• All elements of the Pilot Project combined	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0

19. a) What factors in a child sexual abuse case do you consider when deciding whether to refer the case to CAST?

*(If you do not make referrals, skip to Part b)*

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b) Under what circumstances is CAST more (or less) beneficial to child victim witnesses than prior investigative procedures?

For each of the following factors of child sexual abuse cases, indicate (a) if the factor has influenced you for or against referring cases to MDIC and (b) whether the pilot project procedures would be more or less beneficial to the child than the pre-existing investigative process.

FACTORS OF CHILD SEXUAL ABUSE CASES  <i>[0 = not applicable, never encounter this factor; 3 = no effect]</i>	(a) Likely to refer to CAST						(b) Relative benefit of CAST use					
	less likely		more likely		?		less beneficial		more beneficial		?	
child victim witness exhibits a fragile emotional state	1	2	3	4	5	0	1	2	3	4	5	0
child victim witness exhibits an unwillingness to disclose	1	2	3	4	5	0	1	2	3	4	5	0
family/parent appears to be generally supportive of the child victim witness	1	2	3	4	5	0	1	2	3	4	5	0
child victim witness has an obvious need for support services	1	2	3	4	5	0	1	2	3	4	5	0
child victim witness has a history of sexual abuse	1	2	3	4	5	0	1	2	3	4	5	0
child victim witness is likely to require a medical examination	1	2	3	4	5	0	1	2	3	4	5	0
child victim witness is younger ( <i>less than what age?</i> _____)	1	2	3	4	5	0	1	2	3	4	5	0
child victim witness is older ( <i>above what age?</i> _____)	1	2	3	4	5	0	1	2	3	4	5	0
child victim witness is not fluent in English	1	2	3	4	5	0	1	2	3	4	5	0
alleged perpetrator is the parent or sibling of the child victim witness	1	2	3	4	5	0	1	2	3	4	5	0
child has allegedly been abused by more than one perpetrator	1	2	3	4	5	0	1	2	3	4	5	0
alleged sexual activity includes intercourse or other genital contact	1	2	3	4	5	0	1	2	3	4	5	0
alleged sexual activity limited to kissing or intentional touching of the body	1	2	3	4	5	0	1	2	3	4	5	0
difficulty arranging interview at CAST	1	2	3	4	5	0	1	2	3	4	5	0
pilot project interview center is not easy to get to	1	2	3	4	5	0	1	2	3	4	5	0

19. a) What factors in a child sexual abuse case do you consider when deciding whether to refer the case to MDIC?  
*(If you do not make referrals, skip to Part b)*

20. Consider the involvement of agencies and organizations in your county with child sexual abuse cases. In the "comments" section and in the table that follows, indicate your judgment of (a) how the performance of these agencies has changed since the beginning of 1991, (b) how much the agencies need to improve, and (c) how willing to change the agencies are. Mark the numbers that most closely correspond to your opinions.

COMMENTS

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AGENCIES/ORGANIZATIONS  [0 = no opinion/don't know]	(a) Change in performance						(b) Need to improve?						(c) Willing to change?					
	a lot worse		a lot better		?		not at all		a lot		?		not at all		very willing		?	
Child protective services (Social Services)	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
Police Department(s)	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
Sheriff's Department(s)	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
Office of the District Attorney	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
Mental health services	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
Health care providers	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
Juvenile courts	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
Criminal courts	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
Child advocates	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
School system	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
County system for coordinating investigations across agencies	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0
Overall response of county agencies	1	2	3	4	5	0	1	2	3	4	5	0	1	2	3	4	5	0

21. Any other comments?

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THANK YOU!

# Appendix G

Pilot Project Videotape Use Evaluation Survey

**Instructions for Filling Out  
"Videotape Use Evaluation Survey"**

The attached one page survey provides us with information needed to evaluate the use of videotaped interviews as part of the Office of Attorney General's Child Victim Witness Investigative Pilot Project in your county. For this evaluation, we need to know about your prior experience with videotaping, your attitudes towards its use, and changes in these over the course of the project. You will have to fill out this survey now, and once again in about 18 months, near the project's end. These surveys will be used to compare collective attitudes about videotaping, and numbers of individual changes from start to finish of the project. To let us track individual changes in attitudes from the time before use of videotaping by the project, to after its use, you are asked to supply your initials and agency name. To protect your confidentiality, individual surveys should be handed or mailed directly to the project evaluators at the Children's Advocacy Institute. Completed surveys will not be seen at any time by any of your local agencies.

**Guidelines for answering the survey questions:**

**1b.** If you have experience working on child abuse cases as other than an investigator, please note in what capacity on the back of the survey.

**2c.** Answer only for those cases you've worked that did involve videotaping child victim witness interviews: what number or per cent of these cases were helpful, harmful, and neither? The answer to (1), (2), and (3) of 2c. should add either to 100%, or to the total number of videotaped cases you've worked.

**3-4.** In answering questions 3 and 4, please try to be as specific as you can be. Your response should reflect what you think is true for you in your conduct of these investigations. Feel free to mention any area or issue that you believe would make videotaping of child victim witness interviews desirable or undesirable, including logistics, interpersonal dynamics, use of interview videotapes in the investigation or court proceedings, or whatever other area you may think of.

**5.** This question asks whether you believe there have been particular cases that were not videotaped but that you think would have benefited or been harmed by videotaping, or that were videotaped but would have been helped or hurt by not videotaping. Don't identify the specific case, but rather the characteristics of each such case that would have been affected by videotaping interviews or not.

Please use the back to add any additional information.

Thanks very much for your cooperation in allowing us to evaluate the use of videotaping in child victim witness interviews. What we find out will be made available to you. If you have any questions, please call your supervisor; the project coordinator, Cathy Campbell, at CAST, at 935-6390; or Dianna DeVane of Children's Advocacy Institute, at (714) 960-8600.

Office of the Attorney General  
Child Victim Witness Investigative Pilot Project

VIDEOTAPE USE EVALUATION SURVEY

INITIALS \_\_\_\_\_ POSITION \_\_\_\_\_ AGENCY \_\_\_\_\_ COUNTY \_\_\_\_\_

Please use the back for additional space for your answers as needed

1. How many years of experience do you have investigating child abuse cases? a. \_\_\_\_\_ Otherwise working on them? b. \_\_\_\_\_

2. Have you worked with videotaped child victim witness interviews in cases before? a. \_\_\_\_\_ No \_\_\_\_\_ Yes

2b. If yes, for about how many cases? \_\_\_\_\_ 1-4 \_\_\_\_\_ 5-10 \_\_\_\_\_ 10+

2c. Based on your experience with those cases, what is your general impression of the effect of videotaped interviews on cases:

- (1) Useful, helpful in \_\_\_\_\_% or \_\_\_\_\_ number of cases
- (2) Harmful in \_\_\_\_\_% or \_\_\_\_\_ number of cases
- (3) Neither helpful nor harmful in \_\_\_\_\_% or \_\_\_\_\_ no. of cases

cases

3. How do you think videotaping CVW interviews would be helpful or harmful?: \_\_\_\_\_

\_\_\_\_\_

4. Would you like to have child victim witness interviews taped in the future? a. \_\_\_\_\_ no \_\_\_\_\_ yes \_\_\_\_\_ yes, selectively

4b. Why would you like to or not like to?

\_\_\_\_\_

\_\_\_\_\_

4c. If "yes, selectively," for which selection of interviews or kinds of cases? \_\_\_\_\_

\_\_\_\_\_

5. Have you had \_\_\_\_\_ or heard of \_\_\_\_\_ cases that you believe were \_\_\_\_\_ or would have been \_\_\_\_\_ either helped \_\_\_\_\_ or harmed \_\_\_\_\_ by having videotaped CVW interviews? (Explain on back if possible.)

Please return\ Randy Reiter/Children's Advocacy Institute  
by Mar. 15 to/ 3313 Grand Avenue, Suite 202/Oakland, CA 94610

RR/CAI/2.26/Vid, Pre

Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# Appendix H

Multidisciplinary Team and Child Interview Specialist

Training Course Outline

**CALIFORNIA ATTORNEY GENERAL'S OFFICE  
MULTIDISCIPLINARY TEAM AND CHILD INTERVIEW SPECIALIST TRAINING  
COURSE OUTLINE**

**DAY 1**

**I. DIDACTIC PORTION OF COURSE**

**A. ORIENTATION AND LOGISTICAL INFORMATION**

1. Overview of course philosophy, objectives, content and interview project
2. Introduction of core instructional transdisciplinary team.
3. Overview of multidisciplinary guest speakers

**B. MULTIDISCIPLINARY ASSESSMENT TEAM CONCEPT,  
COMPREHENSIVE DIAGNOSTIC CENTERS (CDC)**

1. Philosophy and rationale of team assessment and comprehensive diagnostic centers
2. Team definitions, models and organization
  - a. Traditional multidisciplinary model
  - b. Interdisciplinary model
  - c. Transdisciplinary refinement of multidisciplinary model
3. Establishing individual and team goals and priorities
4. Interdependence, commitment and accountability
5. Leadership
6. Individual characteristics
7. Group characteristics
8. Situational factors
9. CDC models and organizations
10. Group process-building a cohesive team (class exercise)

**DAY 2**

**C. INFORMATION NEEDS OF PARTICIPATING AGENCIES AND  
TRANSDISCIPLINARY TRAINING FOR TEAM MEMBERS**

1. Child Welfare Agency
  - a. Initial response by child welfare and law enforcement Welfare and Institutions Code section 11165.1
  - b. Decision making process for filing petitions Welfare and Institutions Code section 300
  - c. Risk assessment and decision making regarding placement pending proceeding in juvenile court
  - d. Family assessment and evaluation. Ability of family to protect child. Risk and safety factors. Detention placement plan.
2. Assessing child's needs for support services (Panel Discussion)
  - a. Mental health
  - b. Medical
  - c. Advocacy
  - d. Court appointed special advocate
  - e. Legal and discovery issues
  - f. Community resources

3. Medical Professionals
  - a. Medical examinations of suspected child abuse
    - (1) Characteristics
    - (2) Legal requirements
    - (3) Protocols
  - b. Diagnostic expertise in child abuse
  - c. Credentials to qualify as medical expert witness
  - d. Timely documentation in child welfare or court record of medical findings and records
  - e. Developing a medical treatment plan for child
  - f. Implications of absence of specific medical findings
  - g. Coordination of cases when using a multidisciplinary team
  - h. Pro's and Con's of
    - On site medical facilities
    - Off site medical facilities
4. Law Enforcement
  - a. Emergency protective custody intake decisions
  - b. Criminal investigation leading to establishing elements of the crime
  - c. Establishing probable cause for search warrant
  - d. Establishing corroboration
5. District Attorney (Criminal proceedings)
  - a. Elements of specific offenses - Types of cases
  - b. Filing criteria-Statute of limitations
  - c. Special allegations and sentencing enhancement
    - Establishing position of trust or special relationship between suspect and child.
    - Awareness of child's victimization by guardian.
  - d. Discovery
  - e. Proposition 115
  - f. Due Process
  - g. Plea Bargaining
  - h. District Attorney and County Counsel (Juvenile Court Section 300 proceedings)
  - i. Coordinating court orders
6. Juvenile Court-Dependency Proceedings (Section 300 proceedings)
  - a. Admissibility of children's statements during interviews
  - b. Rules of evidence-criminal vs. dependency - What's being accepted-trends?
  - c. Filing criteria

#### D. EVIDENTIARY IMPLICATIONS OF INTERVIEWING CHILDREN

1. Rules of evidence
2. Hearsay and hearsay exceptions
  - a. Definitions and concepts-understanding hearsay
  - b. Techniques for avoiding the prohibition on admissibility of hearsay
    - (1) A child's statement is not hearsay unless it is an assertion.
    - (2) A child's assertive statement is hearsay only if the statement is

- offered to prove the truth of the matter asserted
- c. Spontaneous declarations
- d. Fresh complaint of rape - procedures and time constraints
- e. State-of-mind
- f. Prior consistent statements - documentation
- 3. Corroborative evidence - medical, photos, diaries, other witnesses or victims, other acts, etc.
- 4. Relevance of interview disclosures to District Attorney or County Counsel.
  - 5. Uncharged misconduct
- 6. Leading questions - definition and practices
- 7. Rates of fabricated vs. substantiated allegations
  - Unproven techniques for evaluating truthfulness of child's statement
- 8. Perspective of the defense counsel in the interviewing process
- 9. Witnesses
  - a. Expert witnesses - medical and mental health professionals. Scope and limitations of expert testimony in light of current California law
  - b. Lay witnesses
  - c. The child witness
    - (1) Testimonial competence
    - (2) Protecting child witnesses from trauma and intimidation
- 10. The pros and cons of videotaping interviews (Panel Presentation)
  - a. Protecting the privacy of children who have been videotaped
  - b. Use of a videotaped interview in court
  - c. Perspective of the defense counsel

### DAY 3

- E. ADVANCED CHILD DEVELOPMENT RELEVANT TO INTERVIEWING
  - 1. Overview of child development
    - a. All aspects/domains of child development are interdependent and interrelated
    - b. The relevant domains of child development-social, cognitive, linguistic, emotional/affective
    - c. Developmental milestones-capitalizing on the developmental strengths and understanding the developmental limitations of a child
    - d. Parent caretaker relationships and interactions
    - e. Sexual development
  - 2. Cognitive development specifically related to interviewing
    - a. Memory
      - (1) Eye-witness
      - (2) Central vs. peripheral details
    - b. Cognitive monitoring/metacognitive abilities
    - c. Perception of time and number
    - d. Objective vs. subjective reality - distinguishing fact from fantasy
    - e. Suggestibility
    - f. Perspective taking - understanding the motivation and actions of others
  - 3. Moral development

- a. Recantation
- b. Denial
- c. Fabrication
- d. Predictable processes in disclosure
- 4. Emotional development
  - a. Overview relevant to sexual abuse and interviewing
  - b. Reactions to trauma/stress-acute vs. chronic
  - c. Coping strategies
- 5. Language and Social development
  - a. Language use is rule based. Child's understanding of social context and linguistic rules for the interview process
  - b. Social, cognitive and linguistic demands of being interviewed - meta skills
  - c. Language comprehension
    - (1) How much of what we say and ask will the child understand?
    - (2) How do children process and comprehend language addressed to them?
    - (3) Developmental stages of comprehension
    - (4) Matching interviewer language level to developmental comprehension level and linguistic processing capabilities of the child.
  - d. Language production and expressive language skills.
    - (1) Factors which influence what children say and how they say it
    - (2) Developmental milestones of expressive language.
    - (3) Facilitating the child's expressive language in the interview.
      - Making the most of linguistics strengths and limitations.
    - (4) Increasing the child's willingness to talk, interact, and answer questions.
    - (5) Interpreting children's narrative descriptions

#### F. FORENSIC INTERVIEWING TECHNIQUES WITH CHILDREN

- 1. Definitions of different types of interviews - characteristics and goals
  - a. A truth and fairness based process
  - b. Clinical
  - c. Forensic
  - d. Available protocols-use of protocols
- 2. Interviewer characteristics and interactions styles.
  - a. Providing empathic support throughout the interview process
  - b. Age, sex, developmental, cultural/linguistic appropriateness.
    - Language and cultural interpreters
- 3. Format of the interview
  - a. Gathering background information-medical and child welfare agencies
  - b. Preparing child interview/What to tell the caretakers
  - c. Interviewing parent or caretaker
  - d. Monitoring interaction between child and non-offending caretaker
- 4. The interview process and phases

- a. Waiting room interaction-first impressions make a difference
- b. Establishing rapport
  - (1) The use of play - the interview room context
  - (2) Familiarizing the child with individual roles, names and expectations
    - Determining the child's preconceived expectations
  - (3) Informing the child of videotaping or observation of interview
  - (4) Determination and documentation of baseline cognitive, linguistics, social and emotional interaction skills of the child
  - (5) Establishing the child's credibility, consistency, state of mind and relative resistance
  - (6) Following the child's lead while staying in control of the interview
  - (7) Determining when to transition to the next interview phase
- c. Eliciting information relevant to the case
  - (1) Predetermine and prepare to elicit specific needed information but also be prepared to promote spontaneous disclosure
  - (2) Verbal investigative techniques with children
    - Eliciting spontaneous narrative descriptions
    - Questioning the child
    - Different types of questions
    - Moving from general to specific questions
    - Avoiding leading or suggestive questions
    - Determining the child's information limits — pushing for details
    - Clarification and verification of child's statements
  - (3) Nonverbal investigative techniques - dolls, drawing, etc.
  - (4) Techniques for avoiding or overcoming resistance
  - (5) Determining use and type of coercion
  - (6) Assessing credibility and competence
  - (7) The disclosure process
    - Delay in disclosing abuse
    - Initial and progressive disclosure - reaction
  - (8) Use of interview protocols
  - (9) Modifying interview procedures to meet requirements of very young or special needs children.
- d. Closing the interview
  - (1) Awareness of and response to the child's feelings and needs
  - (2) Provide information-answer questions
  - (3) Attempt to alleviate needless or inappropriate fears or concerns
  - (4) What happens next?

#### G. MULTIDISCIPLINARY AND ETHNICITY ISSUES IN COMPREHENSIVE ASSESSMENT AND INTERVIEWING

#### H. OVERVIEW OF PSYCHO-SOCIAL SEQUELAE OF CHILD SEXUAL ABUSE

(Lunch presentation on Day 4)

- I. MEMORY, SUGGESTIBILITY AND SOCIAL FACTORS IN CHILDREN'S EYE WITNESS TESTIMONY (Lunch presentation on Day 5)

DAY 4

II. PRACTICUM PORTION OF COURSE

A. INTERVIEWING EXERCISES AND PROJECTS

1. Team planning and preparation
2. Videotaping of interviews with children
3. Staffing and follow-up
4. Viewing of tapes and team evaluation and constructive support

DAY 5

A. INTERVIEWING EXERCISES AND PROJECTS (cont.)

1. Completion of videotaping and staffing
2. Viewing of tapes and team evaluation of interviewing process and procedures
3. Learning from other teams and sharing resources

B. Evaluation of Didactic Portion of course  
Evaluation of Practicum Portion of course

C. Recommendations for modifications for future training courses

Note: This course was developed as an advanced course specifically to train staff from agencies working together (law enforcement, prosecuting attorneys, child welfare services workers, medical and mental health professionals, and victim witness staff) in a multidisciplinary interview center during the investigation of child sexual abuse.

# Appendix I

## Sacramento County Interagency Protocol

## PROJECT DESCRIPTION

### 1. INTER-AGENCY COORDINATION

#### a. LEAD AGENCY

The lead agency for the Sacramento County Investigative Pilot Project will be the Sacramento County District Attorney's Office.

#### b. PARTICIPATING AGENCIES

The Sacramento County Investigative Pilot Project (herein-after referred to as the Multi-Disciplinary Interview Center or MDIC) is a joint operation of the following agencies:

District Attorney's Office  
Sacramento County Sheriff's Department  
Sacramento Police Department  
Department of Social Services  
University of California-Davis Medical Center's Child Protective Center  
County Counsel's Office  
Superior Court

The role of each of the named agencies is defined below.

## **DISTRICT ATTORNEY'S OFFICE**

The District Attorney's Office has three roles with respect to the Multi-Disciplinary Interview Center. First, it serves as a member of the Multi-Disciplinary Interview Center Steering Committee. The Steering Committee is a fifteen oversight group which has responsibility for policy matters at the Center.

Second, the District Attorney's Office has responsibility for prosecuting the criminal cases which are filed if the evidence gathered from child's interview is sufficient to support criminal charges.

Third, it assumes administrative and budgetary responsibility for the Multi-Disciplinary Interview Center. Center personnel are salaried employees of the District Attorney's Office and include the Project Director, Secretary, three Child Interview Specialists (CIS), and one Child Advocate. The facility used to house the Center is financed through the budget of the District Attorney's Office. The District Attorney's Office staffs the Center full-time with a rotating team of deputy district attorneys from the Sexual Assault and Child Abuse (SACA) Unit. Generally, the Deputy District Attorney observing the interview of a child is assigned to the prosecution of that case if charges are filed. The services provided by the deputy district attorneys include:

- a. observe all interviews conducted by the CIS for the purpose of obtaining filing information and assessing the competency of the children as witnesses in court;
- b. consult with law enforcement officers and/or Emergency Response Workers to determine the nature and extent of any supplemental investigation which may be necessary;
- c. collaborate with detectives and/or Emergency Response Workers to determine whether a medical/evidentiary examination is indicated;
- d. assist law enforcement officers with search and arrest warrants;
- e. make filing decisions on felony sexual abuse cases based on the CIS interview, the law enforcement and Emergency Response worker investigation, and any findings from medical/evidentiary examinations;
- f. maintain appropriate records of investigations conducted at the Center;
- g. exchange information between the District Attorney, the Department of Social Services, medical personnel, law enforcement agencies, and Child Advocate at the weekly Multi-Disciplinary Review Team (MDT) meeting.

## LAW ENFORCEMENT AGENCIES

The Sacramento County Sheriff's Office and the Sacramento City Police Department have two roles with respect to the MDIC. First, each agency serves on the Steering Committee. Second, each agency provides detectives from their respective Child Abuse Units on an on-call, rotating basis to conduct case investigation.

Other services provided by the detectives include:

- a. arrange the interview, including notifying the Center and notifying Child Protective Services of cases involving intra-familial sexual abuse;
- b. observe the interview of the child;
- c. prepare a written report of the child's interview conducted by the CIS;
- d. conduct any supplemental investigation necessary to enable the deputy district attorney to make a filing decision on the case;
- e. conduct any supplemental investigation necessary on a case once charges have been filed up to the preliminary hearing;
- f. collaborate with the Deputy District Attorney to determine whether a medical/evidentiary exam is indicated;
- g. place the child in protective custody if the interview reveals evidence that a child is in danger of further abuse;
- h. prepare search warrants to secure evidence necessary to the investigation of the case;
- i. consult with the deputy district attorney, child protective service workers, medical personnel, and Center staff to determine the viability of filing charges after the interview has been conducted;
- j. exchange information at the weekly MDT meeting.

## DEPARTMENT OF SOCIAL SERVICES

The Department of Social Services (DSS) has two roles with respect to the MDIC. First, it serves on the Steering Committee. Second, DSS assesses risks to the child and takes steps to ensure the protection of the child. DSS provides vertical case investigation procedure from initial emergency response through the preparation of the court investigative report and the jurisdictional hearing.

The existing inter-agency protocol between the Sacramento County Department of Social Services, the Sacramento County Sheriff's Office, and the Sacramento City Police Department calls for each agency to make an initial assessment of the intra-familial, child sexual abuse cases reported to them. The CPS Emergency Response Worker (ERW) will continue to be responsible for the initial screening and field contact with a child in accordance with the existing protocol. If an ERW ascertains from the initial brief screening that further investigation is necessary, the worker will arrange for the child to be interviewed at the Center in one of two ways. If the child is at risk of further abuse, the worker will cross report to the Detective Bureau, request the Detective arrange for an immediate interview if possible. The worker will arrange for a law enforcement patrol officer to place the child into protective custody and to transport the child to the Children's Receiving Home.. If the ERW determines that the child is not at risk, the worker will contact the Detective Bureau to arrange an appointment for the child to be interviewed at the Center.

The services provided by the ERW include:

- a. if there is no initial law enforcement involvement, notify the law enforcement agency in whose jurisdiction the offense occurred and coordinate an interview time with the Detective.
- b. observe interviews of children involved in intra-familial cases;
- c. coordinate with law enforcement and the Center staff in the assessment and investigation of the case;
- d. collaborate with the Deputy District Attorney and Assistant County Counsel to determine if a medical/evidentiary exam is indicated;
- e. present the social service perspective on the decision to file criminal charges.
- f. based on the finding of the investigation, the recommendations of the other agencies involved, and in consultation with County Counsel, decide if a dependency petition needs to be filed to protect the child.
- g. collaborate with the Child Advocate to ensure appropriate referrals are provided for the child and family in cases where the child is not placed in protective custody.

## UCDMC

The UCDMC Child Protection Center has two roles with respect to the MDIC. First, it serves on the steering Committee. Second, medical/evidentiary exams are performed in coordination with the MDIC project. Some exams take place immediately after field assessment interviews by patrol officers or Emergency Response Workers and some are scheduled by appointment.

The services provided by the CPC include:

- a. For children disclosing sexual abuse within 72 hours of the incident, an immediate forensic examination will be performed by a 24-hour on-call pediatric team. The team will be managed by an associate physician and comprised of physicians, nurse practitioners and social worker. Exams will be performed in the Child Protection Center or Emergency Room. The Sacramento County Crime Lab is adjacent to the Medical Center and makes regular pick-ups of evidentiary exam kits.
- b. For children disclosing sexual abuse after 72 hours, medical/evidentiary exams will be provided on a scheduled basis at the Child Protection Center. The Child Protection Center is staffed with a medical assistant, social worker, two pediatric nurse practitioners, and a supervising physician. Both types of examinations are performed in accordance with the State Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims.
- c. For children receiving medical/evidentiary examinations, crisis intervention and psychotherapy will be provided up to four months or until court proceedings are resolved.
- d. For children indicating symptoms of developmental delay, behavior problems or psychopathology, psychological assessments will be provided through the CPS's psychological diagnostic service.
- e. Monthly cross-disciplinary training for 1.5 hours on medical and forensic issues pertaining to child abuse.
- f. Expert medical testimony in Juvenile and Superior Court.

## COUNTY COUNSEL

The County Counsel has three roles with respect to the MDIC. First, it serves as a member of the Steering Committee. Second, it staffs the Center with an attorney who will participate in the investigation process in cases involving dependency issues. Third, it prosecutes Juvenile Dependency petitions on behalf of the Department of Social Services as guardian ad litem for the child.

The services provided by the County Counsel include:

- a. Observe all interviews of the children in cases involving dependency issues and have such questions posed to the child as may be necessary to provide information on dependency matters;
- b. Collaborate with the CPS Emergency Response Worker and Child Advocate respecting placement of the child in protective custody, filing of a dependency petition and the necessity of conducting further investigation;
- c. Exchange information at weekly MDT MEETING.

## **SUPERIOR COURT**

The Superior Court has five roles with respect to the MDIC. First, the Presiding Judge of the Juvenile Court and a Superior Court judge with experience and responsibility in the trial of child abuse allegations in criminal and family law cases will serve as members of the Steering Committee.

Second, the Juvenile Court has an on-call system making a judge or referee of the Superior Court available to issue emergency protective orders pursuant to the Code of Civil Procedure Section 546(c). When, based upon the investigation at the MDIC, either of the law enforcement agencies has reasonable grounds to believe that a child is in danger of further abuse by a family or household member, the MDIC staff will make a telephone call to the court. The judge or referee will consider issuance of a temporary order restraining the alleged offender or removing the alleged offender from the home. In appropriate cases, such orders will obviate the necessity of removal of the child from the home pending the criminal or dependency investigation.

Third, the Presiding Judge of the Juvenile Court will integrate the Juvenile Court's proposed Child Advocacy Program and the Judicial Pilot Project with the operations of the MDIC.

Fourth, when child sexual abuse allegations arise in family law matters, the Court's Family Law Departments and Family Court Services Agency will refer alleged child victims to the Multi-Disciplinary Team for review and referral for an interview when appropriate. Adjudication of such allegations in the Family Law Departments will be stayed pending the MDIC interview and any resulting dependency investigation. If dependency proceedings are initiated, child custody issues are litigated in the Juvenile Court.

Fifth, when there exists a pending child custody dispute in a Family Law Department, the Family Court Services Agency will cooperate with the Department of Social Services and law enforcement agencies in the investigation of child sexual abuse allegations. A counselor from Family Court Services will serve on the Multi-Disciplinary Team in such cases.

## M.D.I.C. REFERRAL CHECKLIST

1. Social Worker contacts appropriate law Enforcement agency upon knowledge of case.

CONTACT PERSON		TELEPHONE
Sacramento County Sheriff Department (if not available)	Lena Maddox	440-5964
	Lt. Michael Hau	440-7539
Sacramento Police Department	Sean Padovan	264-5745
Galt Police Department	Joe Blair	(209) 745-1410
	(if no answer)	(209) 745-1535
Isleton Police Department		777-6637
Folsom Police Department	Skip Rogers	355-7309

- A. Advise Law Enforcement agency of time frame.
  - B. Provide names, ages and other pertinent information to Law Enforcement.
  - C. Coordinate possible interview times.
  - D. If Law Enforcement agency does not have a Detective available or chooses not to pursue the investigation, the Social Worker and law Enforcement contact person discuss feasibility of an interview without Law Enforcement present.
2. Law Enforcement calls MDIC to schedule interview. (If Law Enforcement chooses not to be involved, the Social Worker schedules the interview.)
  3. Law Enforcement calls Social Worker to inform of scheduled interview.
  4. Assigned Social Worker coordinates or arranges for child's transportation to and from MDIC. When child is at the Children's Receiving Home, the Social Worker will bring the child after the pre-interview staffing.
  5. Social Worker attends pre-interview staffing one half hour before scheduled interview, provides background information.

(referral)

# Appendix J

Sacramento County Multidisciplinary Interview  
Center Forensic Interview Guidelines

## CONDUCTING COMPREHENSIVE INTERVIEWS AT CENTER - INTRODUCTION

The Project Director is responsible for preparing the Center for the arrival of the child by ensuring that all necessary parties (i.e., Child Interview Specialist, detectives, assistant county counsel, deputy district attorney, child protective services, Family Court Service counselors, and child advocate) are notified of the interview. When possible, interviews will be scheduled in advance to minimize the trauma and inconvenience to the child and family and to allow the most efficient scheduling of staff and agency time.

The Child Advocate will greet the child and family to make them comfortable and to orient them to the Center and its procedures. Once the background information has been collected and the interview team has been assembled, the Child Interview Specialist will take the child to the interview room where the team can observe the interview through the one-way mirror. Children will be told what the purpose of the interview is and the manner in which it will occur, including the presence of observers, audio and videotaping. The interviewer will be linked directly to the observers by audio speakers to ensure ongoing interaction with the observer team.

The interview will proceed according to the protocol and include questions required by all disciplines. The protocol includes rapport building, developmental assessment and investigating the alleged sexual abuse incidence(s) using cognitive enhancers when appropriate. The goal of the comprehensive interview will be to gather the abuse-related history needed by all the major participants in the case (i.e., law enforcement, district attorney, social services, county counsel, medical examiner, child advocate, mental health), without necessitating further detailed interviews by each of these professionals. When more than one interview is required to gather additional information or to complete the initial interview, the same CIS will conduct the follow-up interviews.

At the conclusion of the interview, the investigative team will meet for case review, decision-making, case management and planning. The investigative process will proceed according to the team guidelines and agency needs.

**SACRAMENTO COUNTY  
MULTIDISCIPLINARY INTERVIEW CENTER  
FORENSIC INTERVIEW GUIDELINES**

Prior to meeting with the Child Interview Specialist, the child will have been matched with a Child Advocate. The Advocate will greet the child and parent/caretaker/transportation worker upon arrival at the Multidisciplinary Interview Center (MDIC).

The Advocate will familiarize the child with the center, and end this phase by taking the child into the interview room. The child will then be introduced to the Interview Specialist. Once the introductions have been completed, the Advocate will leave the room.

The Child Interview Specialist (CIS) will employ standard child interviewing techniques in establishing rapport with the child.

During the initial phase of the interview the CIS will attempt to assess the development of the child. The use of age-appropriate language will enable the child to understand the interviewer. Once rapport has been established and the CIS has obtained a general assessment of the child's development, the CIS can begin the interview.

During the interview the CIS will pose questions in a non-leading fashion. The goal is to guide the child through the questioning, without suggesting answers, thus enabling them to tell their entire story. Questioning techniques that focus the child are most useful. The voice inflex and body language should remain positive, nonjudgmental, and non-surprised. Neutrality is always the preferred response.

The following is offered as a general guideline to assist the Child Interview Specialist during interviews with child victims at the Sacramento County MDIC.

**I. RAPPORT BUILDING/DEVELOPMENTAL ASSESSMENT**

**A. Greeting the child:**

1. Introduction
  - a. Be open and friendly.
  - b. Explain who you are and what you do.
2. Orient the child to the interview environment.
3. Attend to the child's needs.
4. Offer support for how the child might be feeling.

B. Brief Developmental Assessment:

1. The interviewer can obtain basic developmental data from the child through the use of age appropriate conversation. Topics may include personal data, family, or school information.

**II. ESTABLISHING THE PARAMETERS**

A. Assess for Coaching:

1. Begin by reviewing with the child their pre-existing knowledge of the interview.
2. Review with the child what they've been told by others about the interview.

B. Assess for Competency:

1. Explore the child's concept of truth and lie.
2. Use Examples.
3. Explore consequences.
4. State the instruction.

C. Explaining the Interview:

1. Tell the child that the interviewer may repeat questions.
2. Give the child permission to correct the interviewer.
3. Instruct the child to tell everything they remember, even the little things that might not seem so important.

**III. INCIDENT INFORMATION**

A. The Narrative:

1. Attempt to elicit a narrative account of the incident from the child.
2. Use open ended, non-leading questions to clarify and obtain specific details not included in the narrative.
  - a. Tools that may assist with clarification include anatomically detailed dolls, drawings, and diagrams.

**B. The Funnel Approach:**

1. If the child does not respond to the narrative approach, the interviewer may then proceed to more focused questioning.
2. If the child does not provide information in response to focused questioning, direct questioning may become necessary. Note that direct questioning requires much caution, and that it is critical that the child be alert and attentive.

**IV. CLOSURE**

- A. Always ask the child if they have any questions for the interviewer.
- B. Give the child permission to recontact the interviewer if they remember additional information. This is especially important for the non-disclosing child.
- C. Thank the child for meeting with you.

## ATTACHMENT I

### INTERVIEWS WITH PRESCHOOL AGE CHILDREN

Often preschool age children are unable to provide narrative accounts of their victimization by virtue of their stage of language development. In those cases, the following format may be helpful.

#### A. Critical Events Focus:

1. Use knowledge of case to focus conversation on times or occasions when abuse most likely occurred.

#### B. Critical Individuals Focus:

1. Ask in general terms about involved individuals.
2. Direct the inquiry to both the positive and negative aspects of the child's relationship with the individuals discussed.

#### C. Direct General Inquiry:

1. Ask directly about possible abuse, but in general terms. Avoid references to specific individuals. Questions may include the following.
  - a. "Has anyone touched your \_\_\_\_\_?"
  - b. "Has anyone hurt your \_\_\_\_\_?"
  - c. "Have you seen anyone else's \_\_\_\_\_?"
  - d. "Has anyone asked you to touch their \_\_\_\_\_?"
  - e. "Has anyone asked you to let them touch your \_\_\_\_\_?"
  - f. "Has anyone taken pictures of you with your clothes off?"
2. If the child responds "yes" to any of the above questions, ask the following.
  - a. "Who? What was that person's name?"
  - b. "Show me where \_\_\_\_\_ you."
  - c. "Show me with the dolls what happened."

D. Direct Inquiry About Specific Individuals:

1. It is recommended that prior to proceeding to this level that a consultation with the involved professionals take place.
2. If this level of inquiry is determined to be necessary, proceed with "yes/no" questions about specific individuals.

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**ATTACHMENT II**  
**FORENSIC CHECKLIST**

- \_\_\_\_\_ Account of abuse
- \_\_\_\_\_ Describe clothing of both offender and child (before/during abuse)
- \_\_\_\_\_ Description of specific sexual/physical abuse acts (touching/penetration)
- \_\_\_\_\_ How did it look, feel, taste, smell
- \_\_\_\_\_ Description of any physical injuries
- \_\_\_\_\_ Threats made by offender, what was said between victim and offender
- \_\_\_\_\_ Has it happened to anyone else
- \_\_\_\_\_ Names of other children known to be around offender
- \_\_\_\_\_ Who they first told of abuse/when (and all others if there is a "chain of disclosure," i.e., many people were told)
- \_\_\_\_\_ A special time frame reference for abuse (preferably time of day, month, year or season)
- \_\_\_\_\_ How old was the child
- \_\_\_\_\_ Where abuse occurred, what room, what address (again, find out what time of day--daylight or dark)
- \_\_\_\_\_ Names of who was living in house when abuse occurred
- \_\_\_\_\_ Ask child if anyone saw or heard abuse
- \_\_\_\_\_ Description of rooms in house (drawing, if possible)
- \_\_\_\_\_ Whether offender took or showed victim photographs, videotapes, etc., or used other objects (if so, when, how many times, where kept)
- \_\_\_\_\_ Use of alcohol/drugs
- \_\_\_\_\_ Did anyone else do this to you

National Children's Advocacy Center, Huntsville, AL.

**ATTACHMENT III**  
**FORENSIC CHECKLIST**

(Additional Questions for Victims of Sexual Exploitation)

- \_\_\_\_\_ Obtain description of the offender's vehicle or house
- \_\_\_\_\_ Type of coercion used
- \_\_\_\_\_ Ask if the offender gave the child any gifts
- \_\_\_\_\_ Determine if pornography or erotica was present or was used and, if so, what kind, how much, and where was it kept
- \_\_\_\_\_ Ask if the child saw photos of other children, and obtain their descriptions
- \_\_\_\_\_ Determine if the child knows any other adults who participated in the acts or associated with the offender.
- \_\_\_\_\_ Ask if the offender went to the child's home or called the child on the phone
- \_\_\_\_\_ Ask the child if they ever gave their name, address, or phone number to the offender and, if so, how did the offender record it
- \_\_\_\_\_ Determine if the child saw other children give such information to the offender and, if so, how was it recorded
- \_\_\_\_\_ Ask if the offender has a diary or computer
- \_\_\_\_\_ Ask if the child played with any toys or books at the offender's home and, if so, obtain detailed descriptions
- \_\_\_\_\_ Determine if the child left any personal belongings in the offender's possession

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# Appendix K

Sacramento County Criminal and  
Dependency Videotape Procedure

**SACRAMENTO COUNTY MULTIDISCIPLINARY  
INTERVIEW CENTER**

**VIDEOTAPE PROCEDURE**

This procedure has been implemented to provide specific guidelines and protection for the creation, transfer and use of the MDIC videotape. The protection of the child victim's right to confidentiality must be foremost in the handling of these videotapes.

Two different procedures have been designed; one for law Enforcement, the other for the Juvenile Court.

## MULTIDISCIPLINARY INTERVIEW CENTER VIDEO TAPE PROCEDURE FOR LAW ENFORCEMENT AGENCIES

### I. Equipment Use

It is the shared responsibility of the investigating detective and the on site Deputy District Attorney to activate and operate the video equipment according to instructions posted in the observation room. The MDIC will provide the blank videotape for all interviews.

### II. Informing the Victim

The MDIC "Brief Services Case Manager" will routinely advise the parent and the child of the intent to videotape the interview. The parent will be informed of the reasons for the videotape and protections in place to preserve confidentiality.

### III. Transfer of the Tape to Evidence

Once the interview is complete the assigned Detective will immediately take possession of the tape and hand carry it to his/her agency of origin.

### IV. Documentation

The videotape will be entered into the evidence either by the assigned Detective or the Evidence Clerk.

### V. Videotape Storage

Once logged, the videotape shall be stored in a secured location. This location will vary according to each Law Enforcement agency's current procedures.

### VI. Duplication for the District Attorneys Office

The Sacramento County Sheriff's Department, Galt Police Department and Folsom Police Department will hand carry the original tape to the Investigators Division of the District Attorneys office for duplication. The tape will be secured, copied and hand delivered to the assigned Deputy District Attorney.

The Sacramento City Police Department will provide a copy via messenger to the assigned Deputy District Attorney.

### VII. Release of Videotapes to the Defense

Videotaped interviews of victims shall not be released to the defense without a court order that the tapes will be kept confidential and used only for preparation of the defense without unnecessary disclosure to other persons. (See attached **Request for Limiting Order Re: Discovery of Video Tape(s)**.) This order will also provide for the protection and ultimate destruction of the videotape after final disposition.

1 STEVE WHITE  
District Attorney  
2 Sacramento County  
901 G Street  
3 Sacramento, CA 95814-1858  
Phone (916) 440-6637

4 DDA \_\_\_\_\_  
5  
6

7  
8 MUNICIPAL COURT, STATE OF CALIFORNIA  
9 COUNTY OF SACRAMENTO

10 THE PEOPLE OF THE STATE OF CALIFORNIA, ) NO. DEPT.  
11 )  
12 Plaintiff, ) **Request For Limiting**  
13 ) **Order Re: Discovery**  
14 vs. ) **Of Video Tape(s)**  
15 )  
16 Defendant. )  
17 ) **Hearing:**  
**Time:**

18 Declaration

19 The defendant stands charged with criminal conduct involving the sexual molestation or  
20 exploitation of a child. The evidence in this case includes one or more video tapes of the alleged  
21 victim recounting the details of these offenses. The People intend to provide a duplicate of  
22 tape(s) to the defense attorney, but request that the court make an Order to the defense attorney  
23 limiting the use and dissemination of said tape(s), in order to safeguard the privacy of the child  
24 and ensure that the information is viewed only by responsible and necessary parties involved in  
25 the defense of the case.

Points & Authorities

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Penal Code section 1054.1 (a) and (f) require, in relevant part, that *“the prosecuting attorney should disclose to the defendant or his or her attorney . . . (r)elephant written or recorded statements witnesses or reports of the statements of witnesses who the prosecutor intends to call at trial.”*

Penal Code section 1054.5(a) states that *“(n)o order requiring discovery shall be made in criminal cases except as provided in this chapter.”*

Sacramento County Superior Court Rule 45 (“Standing Discovery Order”), revised 7/1/92, provides that *“. . . the People . . . shall . . . provide and furnish for inspection and copying to defense counsel . . . (a) all statements or utterances of . . . witnesses . . . (and) . . . (d) notice of all tape recordings made of interviews of witnesses . . . and, upon request by the defendant, copies of such tape recordings . . . (and) . . . (l) make available for inspection any and all photographs . . . taken of the scene . . . or otherwise relating to the case . . . (and) . . . it is further ordered that prosecutors seeking protective orders shall proceed by noticed motion”*

State Juvenile Court Rules, 1423(a), (b), although not strictly applicable to these proceedings, are illustrative. These sections include strict protections involving the discovery and dissemination of sensitive information involving minors. *“Juvenile court records”*, which include *“. . . video or audio tapes (and) photographs . . . ”* may be inspected or examined only by specified persons, or upon order by the juvenile court. Further, *“the court may issue protective orders to accompany authorized disclosure, discovery, or access . . . (and in so issuing such orders) . . . the court shall balance the interests of the child and other parties to the . . . proceedings.”*

1 In Millaud v. Superior Court (1986) 182 Cal.App.3d 471, the court, in dicta, discussed the issue  
2 of "protective orders" and under what circumstances such orders might be issued. Although this  
3 case applied to pre-Proposition 115 discovery statutes, and is not strictly on point with the issues  
4 presented here, it is helpful in determining the intent of *present* discovery statutes which do  
5 allow for "protective orders." In Millaud, a criminal prosecution arose out of a homicide at a  
6 supermarket. The supermarket hired their own investigator who produced, among other things,  
7 photographs and video tapes of the crime scene, as well as interviews and tape recordings of  
8 witnesses. The supermarket would not disclose these items to the defense without appropriate  
9 protective orders which limited the use of the materials *solely to that criminal proceeding*. The  
10 trial court refused to order the third party supermarket to discover those items to the defense.  
11 The Fourth District Court of Appeal held that not only was there ample authority for the court  
12 to order such discovery, but they were satisfied of the existence of the "*broad power of the trial  
13 court to fashion criminal discovery procedures satisfying, so far as possible, the legitimate needs  
14 of all parties . . . (including) . . . the power to issue protective orders preventing unjustified use  
15 of the requested materials.*" Further, the court cited Pacific Lighting Leasing Co. v. Superior  
16 Court (1974) 12 Cal.3d 834, 837, which said, in part "*(i)n criminal cases, the trial court retains  
17 wide discretion to protect against the disclosure of information which might unduly hamper the  
18 prosecution or violate some other legitimate governmental interest.*"

19  
20 Although much of this authority may not have survived Proposition 115 and the current  
21 discovery discovery statutes which purport to be the sole basis of any discovery orders, we  
22 believe that the discussion of "protective orders" is still valuable in interpreting that same phrase  
23 in modern discovery statutes.

#### 24 Argument

25 The Penal Code mandates the *disclosure* of statements of witnesses. It does *not* mandate that  
26 the People provide a *copy* of video-taped statements. Local rules of court do address this issue  
27 by drawing a distinction between written reports and audio tapes, on the one hand, and  
28 photographs, on the other. The People must provide copies of the former, but the latter is

1 available only for *inspection*. The same rules of court also clearly provide the opportunity for  
2 either party to seek protective orders by noticed motion. And, although juvenile Rules of Court  
3 are not applicable here, they do demonstrate the need for reasonable and appropriate limitations  
4 on the discovery of sensitive materials involving juveniles.

5  
6 The People believe that reasonable limitations on the use of these items, to protect the privacy  
7 interests of the victim, are appropriate, and ask that such limitations be imposed.

8  
9 **AFFIDAVIT**

10 As to those matters alleged to be true, I declare that they are true, to the best of my information  
11 and belief, so sworn this 23rd day of February, 1993, under the pain and penalty of perjury.

12  
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16 JEAN WILLIAMSON  
17 Supervising Deputy District Attorney  
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## Order

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This order refers to the video tape(s) identified in the attached Motion and Declaration.

1. The tape(s) shall not be used for any purpose other than to prepare for the defense of the named defendant in this case.
2. The tape(s) shall not be given, loaned, sold or shown to any member or associate of the media, unless so ordered by a court of appropriate jurisdiction.
3. The tape(s) shall not be publicly exhibited, shown, displayed, or used in any fashion except in judicial proceedings in the above entitled case. This provision is not meant to prohibit the defense from exhibiting the tape(s) to any person(s) necessary to the preparation and/or presentation of the defense case.
4. The tape(s) shall not be duplicated.
5. The tape(s) shall not be provided to anyone with the exception of a defense expert.
6. Before the defense may provide the tape(s) to an expert witness, the defense shall serve the individual with a copy of this order. Proof of service shall be retained in the defense attorney's file until such time as the tape is returned to the district attorney or destroyed in accordance with this order.

### **USE FOR PUBLIC DEFENDER**

7. When a final disposition in the case has been reached, the tape(s) and any and all copies shall be retained in the defense attorney's case file in a secured manner and the tape shall ultimately be destroyed in accordance with the file retention and destruction policies of the Public Defender's office.

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**USE FOR PRIVATE ATTORNEYS**

7. When a final disposition in the case has been reached, the tape and any and all copies shall be returned to the District Attorney. If the defense was required to pay the District Attorney to obtain the tape(s) in the first instance, the defense shall be entitled to reimbursement for that amount, or the reasonable value of any blank tape provided by the defense for the purpose of preparing the defense copy.

**IT IS SO ORDERED.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
JUDGE OF THE MUNICIPAL COURT

**Sacramento**  
**Superior and Municipal Courts**  
**Sitting as the Juvenile Court**

TALMADGE R. JONES  
Presiding Judge, Juvenile Division

9601 Kiefer Boulevard  
Sacramento, California 95827

August 1, 1993  
(Amended)

**TO:** DISTRIBUTION  
**FROM:** TALMADGE R. JONES  
Presiding Judge, Juvenile Division  
**RE:** STATEMENT OF POLICY:  
MDIC TAPES IN POSSESSION OF JUVENILE COURT

**PHYSICAL DELIVERY AND STORAGE OF MDIC TAPES**

Physical delivery of MDIC tapes shall be as arranged by agreement between the Juvenile Court and MDIC, provided, however, that all handling of the tape during the delivery process shall be exclusively by either court or MDIC personnel. Prior to delivery of the tape to, and the receipt thereof by the court, the security tab on the tape cassette, which prevents taping over or altering the tape, shall be removed permanently by MDIC personnel. Receipt of the tape, and information pertinent to delivery and receipt thereof, shall be recorded in the "MDIC Tape Log", the creation and maintenance of which shall be as otherwise provided and directed herein.

MDIC tapes shall be stored and maintained in a secure fashion according to procedures developed by court administrative staff and approved by the court. The viewing of MDIC tapes shall be in accordance with the policy and directives stated herein and other rules developed in accordance with them. MDIC tapes shall not be removed from secured storage other than by court order or in accordance with court-approved policy or procedure.

MDIC tapes whose use is required for trial in the Juvenile Court shall remain within the continuous and exclusive physical custody of court personnel, in accordance with procedures to be developed consistent with this policy and approved by the court. Under no circumstances shall tapes be relinquished to the physical custody of legal counsel, social workers or other non-court personnel. MDIC tapes marked as exhibits and/or admitted into evidence in Juvenile Court proceedings shall remain within the physical custody of the trial court clerk during the pendency of the trial. Other than handling of the tape which occurs related to its status as an exhibit and viewing by specific order of the trial court, access to a tape in evidentiary status shall be in accordance with the policy stated herein and procedures and rules developed in accordance with this policy. At the conclusion of the trial, the tape shall be separated from the other exhibits related to the trial, with accompanying documentation prepared in

accordance with procedures approved by the court, and shall be returned to MDIC tape storage maintained in accordance with this policy.

#### **MDIC TAPE LOG**

Juvenile Court administrative staff shall create and maintain a log reflecting the history of the handling of each MDIC tape during the custody thereof by the court. Prior to the commencement of utilization thereof, the format and contents of the log shall be approved by the court. The log shall be prepared and maintained in accordance with this policy and other applicable orders of the court. The log shall reflect the name of the person delivering the tape from MDIC. Subsequent entries which reflect the handling of the tape by court personnel shall be themselves entered by, and accompanied by the initials of, the person handling the tape.

#### **FACILITIES FOR VIEWING OF MDIC TAPES**

The facilities for viewing of MDIC tapes by authorized persons shall be as hereafter specifically approved by the Presiding Judge of the Juvenile Court. Said facilities shall be structured so as to ensure privacy of the viewing and to prevent viewing of the tape from outside the viewing area by unauthorized persons. Said facilities shall be such as to preclude entry other than by persons visible to the court personnel overseeing and monitoring the authorized viewing.

The viewing equipment and the placement thereof in the viewing area shall be such as to allow for handling of the tape and manipulation of the viewing equipment by court personnel only. The only exception shall be provision of rewind apparatus accessible to the authorized viewer so as to allow repeat display of selected portions of the tape without the necessity of handling the tape or the viewing equipment.

A copy of the viewing rules applicable to the authorized viewer shall be conspicuously posted in the viewing area.

#### **MONITORING AND SUPERVISION OF VIEWING PROCESS**

Court personnel shall be designated to monitor and supervise the viewing of MDIC tapes. Admission to and exit from the viewing room shall be as directed and controlled by the court monitor. The tape and the viewing equipment shall not be handled other than by the court monitor. Those who have been admitted to the viewing room shall not be permitted to leave until the court monitor has inspected the tape at the conclusion of the viewing.

#### **PERSONS AUTHORIZED TO VIEW MDIC TAPES**

MDIC tapes in the custody of the Juvenile Court may be viewed only by those persons specifically authorized to do so by specific order of the Juvenile Court. It is the policy and standing order of the Juvenile Court that the attorney of record for the following parties to dependency proceedings shall be authorized to view the MDIC tape

of an interview of a child who is the subject of Juvenile Court proceedings: the Department of Health and Human Services; a parent; or the interviewed minor. Authorization for viewing is similarly extended to the designated and assigned court investigation social worker pertinent to petitions which are pending and calendared for hearing. Said counsel of record and said social worker, upon presentation of appropriate and satisfactory identification and confirmation by court personnel of their status of record, shall be permitted to view the tape without the necessity of obtaining a further more specific court order. Viewing by all others, including, but not limited to, the parents themselves, DHHS personnel (including assigned social workers other than court investigators), the minor, counsel of record for siblings, law enforcement, or the District Attorney, shall be only as authorized by specific court order. Request for authorization for viewing shall be set forth upon a request form which shall be created and maintained by the court for that purpose and shall state the specific reasons why a viewing is requested.

The authorization created by court order shall be specific as to the person(s) identified in the order and shall not extend to any other persons not otherwise specifically identified. Accordingly, clients, investigators, experts or other assistants accompanying counsel and others such as spouses accompanying parents, shall not be admitted unless identified within the court order.

#### **PROCEDURAL POLICIES AND CONSIDERATIONS**

Court administrative personnel shall develop and, upon court approval thereof, shall implement and maintain practices and procedures to give effect to the policy and directives stated herein.

Unless otherwise stated in the court order, the viewing authorized shall be for one session or occasion only, the specific duration of which shall be as directed by court monitoring personnel. Absent extenuating circumstances or other good cause, the time allotted to any viewing shall not be more than the length of the tape plus an additional 30 minutes. In the event that circumstances for which the viewer is not responsible prevent a completion of the viewing, court personnel shall be authorized, without the necessity of a separate court order, to schedule a second viewing of a lesser duration sufficient to complete the viewing. There is no limit to the number of viewings available to dependency counsel of record who are viewing the tape themselves, and unaccompanied by others, pursuant to the court's standing order.

There shall be no recording or other form of duplication of the tape permitted without specific court order. No recording equipment, including audio or video tape recorders shall be permitted into the viewing area. Court monitoring personnel shall ensure compliance with this provision.

## MULTI-DISCIPLINARY INTERVIEW CENTER (MDIC)

### TAPE VIEWING PROCEDURE AT JUVENILE CENTER

This procedure has been implemented in an effort to provide specific guidelines and rules for a party's request to view interview tapes provided to the Juvenile Court by the MDIC. Due to the confidential nature of the video tapes, the Juvenile Court Policy Concerning MDIC Tapes should be consulted prior to permitting the viewing of the video tapes.

**I. TRANSFER OF TAPE TO COURT** - Once a child has been taken into protective custody and an interview is scheduled at MDIC, a staff person from the MDIC attending the interview, will arrange for the delivery of the completed interview tape to the appropriate staff person in **Records Management** at Juvenile Court. Prior to delivery of the tape to, and the receipt thereof by, the court, the security tab on the tape cassette, which prevents taping over or altering the tape, shall be removed permanently by MDIC personnel. The court staff person receiving the tape will ensure that the security tab has been removed.

**II. THE MDIC TAPE LOG** - When the video tape is lodged with the Juvenile Court, an appropriate entry shall be made in the "MDIC Tape Log." (See Attachment A) The assigned **Records** staff person (to be assigned by the Records Management Supervisor) shall be responsible for receiving the tape and logging it in on the MDIC Tape Log, including the name of the person delivering the tape. This staff person will place their initials in the appropriate box to indicate who received the tape. The MDIC Tape Log shall be stored in the locked MDIC tape storage cabinet.

**III. MDIC VIDEO TAPE STORAGE** - After it has been logged in, the tape shall be placed in the locked MDIC video tape storage cabinet. **Note:** Said cabinet will be located in the upstairs Records Management office. The key for the locked cabinet will be located in a central location, accessible only by authorized Juvenile Court personnel (i.e., the Records Management Supervisor or her designated staff). MDIC tapes shall not be removed from secured storage other than by court order or in accordance with court-approved policy or procedure.

MDIC tapes, whose use is required for trial in the Juvenile Court, shall remain within the continuous and exclusive physical custody of court personnel. Under no circumstances shall tapes be relinquished to the physical custody of the legal counsel, social workers or other non-court personnel. MDIC tapes marked as exhibits, and/or admitted into evidence in Juvenile Court proceedings, shall remain within the physical custody of the trial court clerk during the pendency of the trial. Other than handling of the tape which occurs related to its status as an exhibit and viewing by specific order of the trial court, access to a tape in evidentiary status shall be made only upon court approval. The Court Clerk is referred to the exhibits procedure for handling of the MDIC tape upon the conclusion of a contested matter.

#### IV. VIEWING

Requests to view the MDIC video tape may be received from a variety of interested parties, e.g., attorneys, parents or other parties not directly and/or presently involved in the case.

**1. Attorney of Record and Court Investigation Social Worker Viewing** - If the party requesting the viewing of the MDIC video tape is presently an attorney on the case or the designated and assigned court investigation social worker pertinent to petitions which are pending and calendared for hearing, viewing will be allowed without need for a formal "application to view" or "order" signed by a Judicial Officer of the Juvenile Court, upon the presentation of appropriate and

satisfactory identification. The attorney or the court investigation social worker will contact the **Records Management** unit at 855-8044 to schedule a day and time that is convenient for the viewing. All attorneys on a particular case shall be encouraged to coordinate the viewing when possible so that multiple viewings of the same MDIC video tape are not necessary. The **Records Management** unit will pull the court file and verify the attorney's and assigned court investigator's status and connection with the case. If the attorney is not an "attorney of record" and the social worker is not the worker assigned to investigate petition(s) pending and calendared before the court in the matter, viewing will not be allowed until a formal order has been presented to the appropriate Judicial Officer of the Juvenile Court for approval.

## **2. Parental and Other Interested Party Viewing**

Viewing by all others, including, but not limited to, the parents, DHHS personnel (including assigned social workers other than court investigators), the minor, counsel for siblings, law enforcement, or the District Attorney, shall be only as authorized by specific court order. A parent or other interested party may be allowed to view a MDIC video tape ONLY after the party submits an "Application to View MDIC Video Tape; Declaration and Order" form (Attachment B) to the appropriate Judicial Officer for prior approval. Viewing will not be allowed until a signed order is received from the appropriate Judicial Officer. The applicant will present the signed order, along with his/her identification to the **Records** staff person who will be responsible to ensure that the court order is valid prior to allowing viewing by any party.

Once the order has been reviewed by **Records Management**, a time and date will be scheduled for the viewing. The "Records" staff person setting the "appointment to view" shall attempt to accommodate the viewer's schedule if at all possible.

If a party appearing to view the video tape is not listed on the court's order, the "Records" staff person shall immediately notify the appropriate Judicial Officer or the Presiding Judge and await further approval before the viewing can take place.

**3. Viewing Hours** - Viewing will be permitted weekdays, Monday through Friday (except holidays), between the hours of 8:30 a.m. and 4:30 p.m.

**4. Limitation on Duration and Number of Viewings** - Unless otherwise stated in the court order, the viewing authorized shall be for one session or occasion only, the specific duration of which shall not exceed the length of the tape plus an additional 30 minutes. In the event that circumstances for which the viewer is not responsible prevent a completion of the viewing, court personnel are authorized, without the necessity of a separate court order, to schedule a second viewing of a lesser duration sufficient to complete the viewing. There is no limit to the number of viewings available to dependency counsel of record who are viewing the tape themselves, and unaccompanied by others, pursuant to the court's standing order.

## **V. MDIC VIDEO TAPE SECURITY DURING THE VIEWING PROCESS**

It will be the responsibility of the "Records" staff person to ensure the video tape's security and continued integrity as part of the Court's file. A copy of the viewing rules shall be conspicuously posted in the viewing area. In order to assure such security, the staff person shall:

- a. Escort the viewing party to the MDIC tape viewing area;
- b. Advise the viewing party of the "rules" while viewing the tape. All viewing parties shall be orally advised: (1) the tape shall not in any way be handled or personally touched by the viewing party; (2) the tape shall not be removed from the VCR; (3) no recording equipment

(audio or video) will allowed in the viewing area; (4) the viewing party may rewind, fast-forward, pause or stop the tape provided the tape is not removed from the VCR;

c. Load the video cassette in the video cassette player and begin playing the tape;

d. Advise the viewing party to "stop" the VCR when the viewing is complete, **immediately** notify the attendant for retrieval, and to **remain in the tape viewing room** until the tape has been retrieved and examined. The attendant shall immediately retrieve the tape, briefly examine the tape to assure it is intact and free from tampering, and return it to the MDIC tape storage locker; AND

e. The assigned "Records" staff person shall log the tape in and out each time the tape is moved from or to the MDIC tape storage cabinet.

**VI. TAPE DESTRUCTION** - The MDIC tape shall be maintained in the MDIC tape storage cabinet until such time as a MDIC "tape destruction" procedure has been developed. When that procedure is in place, the tape shall be disposed of accordingly. It will be the responsibility of the Records staff person to make a note in the appropriate column of the MDIC tape log when the tape is disposed of.



**DECLARATION**

1. I, \_\_\_\_\_, declare that I am a party/other

\_\_\_\_\_ (list relationship to minor) in this action.

2. This "Application" is made for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I have read and understand the "Conditions of Viewing" as outlined below. I fully understand that the "Rules" will be strictly enforced and that any violation of a rule may result in the institution of a criminal proceeding against me pursuant to Government Code Section 6201. I hereby agree to fully comply with the "Conditions of Viewing" shown below.

**CONDITIONS OF VIEWING**

1. The video tape shall not be removed from the machine for any reason nor touched in any way by the viewer. Should a malfunction occur with the equipment, immediately notify the staff person in charge and remain in the viewing room until the video has been retrieved.

2. The viewer may rewind, fast-forward, pause or stop the machine only. No tampering with the video equipment or the video tape will be tolerated.

3. No recording devices, either audio or video, will be allowed in the viewing area.

4. Handwritten notes are allowed. Paper and pens are not provided for such notes.

5. **Time Limit.** No party will be allowed to view the MDIC video tape for more than the actual running time of the tape plus 30 minutes, without specific court approval.

6. When the tape has ended, the machine shall be "stopped" by the viewer and the attendant shall be immediately called.

7. No viewing party may leave the viewing area until the attendant has retrieved and inspected the video tape. After the video tape has been inspected, the parties are free to leave.

8. The viewing party may not discuss the contents of the tape(s) except between parties, counsel, and/or retained experts.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: \_\_\_\_\_ (signed)

Print Name: \_\_\_\_\_

**ORDER RE APPLICATION TO VIEW MDIC VIDEO TAPE**

Good cause appearing, permission is hereby GRANTED/DENIED to \_\_\_\_\_  
\_\_\_\_\_, who shall be allowed to view the MDIC video tape on file with this Court in the matter of  
\_\_\_\_\_.

Court Number \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge/Referee of the Juvenile Court

# Appendix L

Orange County Operational Agreement

# LAW ENFORCEMENT PROTOCOL CHILD SEXUAL ABUSE CASES

## OPERATIONAL AGREEMENT

### I. PURPOSE

To implement interagency protocols among Law Enforcement, Social Services, District Attorney, Child Abuse Services Team (CAST), and victim services providers for use in cases involving allegations of child sexual abuse. The protocols will clarify the role of each agency, serve to reduce the trauma to the victim by coordinating the activities of each agency, reduce the duplication of effort, and provide for the use of a single, non-threatening site for all of the activities.

### II. GUIDELINES

#### A. General

1. Whenever practical, police and social services, upon an initial disclosure, will attempt to conduct a joint interview with a view toward keeping the interviews of the child to a minimum.

#### B. Law Enforcement Role

1. All suspected child abuse reports made to a local police agency shall be cross-reported to the Child Abuse Registry immediately or as soon as practically possible by telephone. A law enforcement agency shall also send a written report within 36 hours of receiving the information to social services, the State Department of Justice, and the District Attorney's office as required under Section 11166 (g) of the Penal Code.
2. Upon an initial disclosure to law enforcement before any social services involvement, the police officer will determine whether or not an immediate response by social services is indicated. If indicated, the officer will initiate immediate contact with social services; and whenever practical will wait for the arrival of an emergency response worker before conducting a further interview of the child.
3. When responding to a call of child sexual abuse with a social worker already involved, the responding officer will attempt to obtain as much information as possible from the social worker to avoid duplicating the interview.
4. Depending upon the departmental policy, in discretion of the police officer, the initial joint interview will be conducted by either the police officer or social services worker. The selection of the primary interviewer will consider the experience and training of the interviewers, the rapport already built with the child, and the information already known.
5. The police officer will be in charge of coordinating his or her criminal investigation with the initial assessment interview by the emergency response worker to the end that the number of interviews of a child victim be kept to a minimum while affording a full opportunity for a thorough criminal investigation. In addition, the police officer shares with the responding social worker a responsibility for insuring that the child is protected. The police officer is responsible for deciding whether a child should be taken into protective custody under the authority of W & I Code Section 306 (b) (effective January,

1989). Ideally, in making a decision to take the child into protective custody, a consensus should be reached between the officer and the responding social worker. If the officer has decided to place the child in protective custody, arrangements must be made to transport the child to the Child Protective Facility.

6. If a police officer responds to an initial referral unaccompanied by an emergency response worker and makes a decision not to place the victim in protective custody, he or she will immediately advise the Child Abuse Registry in compliance with departmental procedures and legal requirements.

#### INTERVIEW SITE

7. An assessment should be made by the police officer concerning the site of the joint interview. Every effort should be made to conduct the interview at a site likely to place the child victim at ease.

Depending upon the urgency of the situation and upon the necessity for protection of the child, every effort should be made to utilize the CAST interview room for the interviews.

Following the initial contact interview, if the circumstances indicate that an additional detailed interview should be conducted, every effort should be made to schedule the interview at CAST. The responsible office will call the facility to establish the date and time.

8. When a criminal investigation is in progress, the police officer will cooperate with the social workers, investigating dependency to coordinate the interview of the child victim. This is done to keep the interviewing of the victim to a minimum. To the extent that it does not obstruct or unfavorably impinge upon the criminal investigation, the police agency will share information obtained from the interviews with the Child Protective Agencies involved.
9. When one is available, and depending upon departmental policy, a child abuse law enforcement specialist should respond to the scene of a reported child abuse. In those agencies which have an insufficient number of child abuse specialists, the responding officer should be encouraged to utilize the expertise of the social services representative if he or she is present and has greater skill and training in conducting interviews of child victims. The assigned officer will coordinate and participate in the assessment and interview of the victim(s) with the emergency response social worker.
10. When deemed appropriate, the police agency will refer victims of child sexual abuse to CAST for the support and victim services available there.
11. The assigned police officer will ensure that a medical examination of the victim is made if appropriate. In a non-emergency case, the examination should be performed by appointment at CAST.
12. The police officer will provide the emergency response worker with an event number (crime report or log entry number) to be included on the DOJ Form SS8583, and comply with the mandatory reporting statute.
13. Upon conclusion of the interview, the assigned law enforcement officer should participate in the multidisciplinary team review of the case if such a meeting is required. Prior to the making of a final decision to file or not to file the case, the assigned law enforcement

officer should undertake to set up a multidisciplinary team review meeting for the District Attorney's representative and other interested and necessary members of CAST.

14. The police officer assigned to the preliminary investigation and the follow-up investigator will ensure that all pertinent evidence, medical reports, and written statements are collected. The case will be referred to the District Attorney's office representative at the CAST Center.
15. When a criminal case is filed, the assigned officer will maintain contact with the District Attorney, Social Services, and Victim Services through the Child Abuse Services Team (CAST) for exchange of information pertinent to the case developed after filing.

OPERATIONAL AGREEMENT

This Operation Agreement stands as evidence that the Child Abuse Services Team (CAST), the Social Services Agency (SSA), the Office of the District Attorney, and the \_\_\_\_\_ Law Enforcement Agency intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in the City of \_\_\_\_\_.

The Child Abuse Services Team will closely coordinate the following services with the \_\_\_\_\_ Law Enforcement Agency in relation to the following areas:

- 1. Attorney General Grant Requirements;
- 2. Office of Criminal Justice Planning Grant Requirements;
- 3. Utilizing CAST to reduce the trauma to the child;
- 4. Utilizing which ever CAST site will aide in reducing the trauma to the child victim.

All agencies indicated believe that implementation of the Child Abuse Services Team proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program by coordinating and/or providing the following services:

- Project staff being readily available to CAST for service provision through Protocol Agreement attached.
- Regularly scheduled, monthly meeting between indicated agencies to discuss strategies, time tables, and implementation of mandated services.
- Specifically, services as described in the Protocol Agreement attached.

We, the undersigned, as authorized representatives of CAST, the Social Services Agency, the Office of the District Attorney, and the City of \_\_\_\_\_ Law Enforcement Agency, do hereby approve this document.

\_\_\_\_\_  
*CAST* *Date*

\_\_\_\_\_  
*DA* *Date*

\_\_\_\_\_  
*SSA* *Date*

\_\_\_\_\_  
*Law Enforcement Agency* *Date*

# DISTRICT ATTORNEY PROTOCOL

## OPERATIONAL AGREEMENT

**Staffing:** One Deputy District Attorney

**Position:** Under the direction of the Supervising Deputy, Child Abuse/Sexual Assault Unit, Superior Court Operations.

**Work Location:** The CAST sites as needed.

**Responsibilities:**

1. Evaluate cases handled through the CAST program for possible criminal prosecution.
  - a. Review Police Reports for criminal filing. File criminal complaint or reject for filing.
  - b. Direction of the criminal charges filing process.
2. Observe interviews for the purpose of assessing competency and witness demeanor.
3. Participate in case review meetings to represent the District Attorney's interests.
4. Prepare case opening documents and transferral of cases to the Child Abuse/Sexual Assault Unit for assignment of a trial attorney.
5. Provide legal counsel to Investigators and preparation of Search Warrants when necessary.
6. At the request of Investigators, make suggestions for further investigation of inquiry.
7. Maintain records regarding cases filed, cases refused, and others as needed to document the activities which are related to the CAST program.
8. Interact with CAST Staff to obtain information material to prosecute.
9. Develop and implement procedures for improved coordination of a criminal case involving a child sexual assault victim and the related dependency case.
10. Intervene on behalf of the District Attorney in pending Juvenile Court dependency proceedings in which it is expected that a child victim will testify. W & I Code Section 317 (c), W & I Code Section 318.5, and W & I Code Section 346.
11. Coordinate, develop, and implement procedures for exchange of information between the District Attorney, the Social Services Agency, the Health Care Agency, and the Child Advocates.
12. Attend all CAST Staff meetings.
13. Develop and implement procedures for the coordination of information and activities between the District Attorney's Office and Social Services on misdemeanor child abuse cases.

14. Develop and implement a process for collection and restitution from a defendant for the expenses incurred by CAST personnel, law enforcement, and the victim (PC 1203.1g & 1203.1h).
15. Develop, implement, and monitor a process for improved coordination between the District Attorney's Office and the Probation Department on probation violations involving child molest cases.
16. Decide on a case to case basis, in consultation with Law Enforcement Agencies as well as CAST personnel, which victims will be referred to outside medical personnel for a forensic sexual assault exam pursuant to the contract for such exams established by the Health Care Agency. Attempt to utilize the CAST Medical Staff to the greatest extent possible consistent with the anticipated court expert witness requirements and upon evaluation of the likelihood that additional evidence will be produced by the exam.
17. Consult with and provide counsel to the Program Director as needed to carry out the goal of the project.

**OPERATIONAL AGREEMENT**

This Operation Agreement stands as evidence that the Child Abuse Services Team (CAST), Social Services Agency (SSA), Office of the District Attorney (DA), and the Orange County Law Enforcement Agencies intend to work together toward the mutual goal of providing maximum available assistance for crime victims.

The Child Abuse Services Team will closely coordinate the following services with the Office of the District Attorney in relation to the following areas:

1. Attorney General Grant Requirements;
2. Office of Criminal Justice Planning Grant Requirements;
3. CAST Operations.

All agencies indicated believe that implementation of the Child Abuse Services Team proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program by coordinating/providing the following services:

- Project staff being readily available to CAST for service provisions through Protocol Agreement attached.
- Regularly scheduled, monthly meetings between indicated agencies to discuss strategies, time tables, and implementation of mandated services.
- Specifically, services as described in the Protocol Agreement attached.

We, the undersigned, as authorized representatives of CAST, the Social Services Agency, and the Office of the District Attorney do hereby approve this document.

\_\_\_\_\_  
*CAST* *Date*

\_\_\_\_\_  
*SSA* *Date*

\_\_\_\_\_  
*DA* *Date*

**HEALTH CARE AGENCY  
MEDICAL EVALUATION AND TREATMENT PROTOCOL  
OPERATIONAL AGREEMENT**

**Staffing:**

One part-time Medical Doctor examiner and/or supervisor.  
One full-time trained Nurse Practitioner or equivalent.

This staff would replace the currently proposed staffing of part-time Nurse Practitioner, part-time RN, and administrative personnel assigned to the medical unit. Not to exceed the current program appropriations.

**Responsibilities:**

The MD would be responsible for:

1. Development and implementation of medical policy for the CAST program.
2. Medical evaluation of children referred from Police Departments, Attorneys and Courts for alleged child abuse as assigned by the Deputy District Attorney assigned to CAST in consultation with the CAST Medical Unit.
3. Supervision of the clinical practice of the Nurse Practitioner.
4. Education and training of all appropriate CAST personnel in medical procedures.
5. Participating in other CAST functions as appropriate.
6. Providing expert testimony in medical aspects of child abuse for courts, as needed.

The NP would be responsible for:

1. Assisting the MD in the development and implementation of medical policy and procedure for the CAST Program.
2. Medical evaluation of children referred from DPSS, Police Departments, Attorneys, and courts for alleged child abuse as assigned by the Deputy District Attorney assigned to CAST in consultation with the CAST Medical Unit.
3. Triaging all requests for medical evaluation from outside agencies and individuals.
4. Working closely with Police, Attorneys, Victim Witness, Courts, and DPSS in providing and interpreting medical findings.
5. Providing medical treatment, follow-up and/or referral for children seen at CAST according to the established protocols.
6. Obtaining comprehensive medical histories on all children referred for medical evaluation at CAST.

7. Maintaining medical supplies and equipment for CAST.
8. Assisting in the education and training of all appropriate CAST personnel in medical procedures.
9. Participating in other CAST functions as appropriate.
10. Providing expert testimony in medical aspects of child abuse for courts, as needed.

Report Requirements/Lines of Authority:

1. MD to report directly to CAST Program Director regarding: program issues, scheduling, policies, procedures, etc.
2. NP to report to MD regarding: policies, procedures, program issues, scheduling, etc.
3. The operation of the CAST Program is to be completely separate from Juvenile Health Services.
4. Decisions regarding whether an exam is needed will be made by the investigating agencies; decisions regarding the specific examiner (i.e. MD versus PNP) will be made jointly by the Deputy District Attorney assigned to the CAST Program and the medical staff at CAST.

**OPERATIONAL AGREEMENT**

This Operational Agreement stands as evidence that the Child Abuse Services Team (CAST), the Social Services Agency (SSA), the Office of the District Attorney (DA), the Health Care Agency (HCA), and the Orange County Law Enforcement Agencies intend to work together toward the mutual goal of providing maximum available assistance for crime victims.

The Child Abuse Services Team will closely coordinate the following services with the Health Care Agency in relation to the following areas:

1. Attorney General Grant Requirements;
2. Office of Criminal Justice Planning Grant Requirements;
3. CAST Operations.

All agencies indicated believe that implementation of the Child Abuse Services Team proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program by coordinating and/or providing the following services:

- Project staff being readily available to CAST for service provision through Protocol Agreement attached.
- Regularly scheduled, monthly meetings between indicated agencies to discuss strategies, time tables, and implementation of mandated services.
- Specifically, services as described in the Protocol Agreement attached.

We the undersigned, as authorized representatives of CAST, the Social Services Agency, the Office of the District Attorney and the Health Care Agency do hereby approve this document.

\_\_\_\_\_  
*CAST* *Date*

\_\_\_\_\_  
*SSA* *Date*

\_\_\_\_\_  
*DA* *Date*

\_\_\_\_\_  
*HCA* *Date*

# VICTIM WITNESS ASSISTANCE PROGRAM PROTOCOL

## OPERATIONAL AGREEMENT

Volunteer support and Child Advocacy services for CAST will be provided by Court Appointed Special Advocates; herein referred as CASA, Community Services Programs, Inc., Victim Witness Assistance Program, and Sexual Assault Victim Services/Prevention Program; herein referred to as CSP.

Under the supervision of CAST Volunteer Coordination, on-site volunteers will provide immediate response to child and family, giving comfort, information, and support as the child proceeds through the initial intake, interview and medical examination at the facility. Initially CASA will provide trained volunteers to meet this need.

CAST Staff will refer each child to one of the above mentioned agencies for long-term advocacy. CASA will provide long-term advocacy for all minors in dependency cases and associated criminal cases where dependency actions is occurring. In cases where there will be criminal proceedings, and no dependency proceedings, minors and parents will be given counseling referrals by CAST staff and then referred to CSP for victim services.

CASA and CSP will provide consultation and resources to CAST in the development of the training for on-site volunteers and will actively participate in the training program. CSP will offer to CAST Staff, and volunteers, the forty hour sexual assault training as defined in Section 13837 of the California Penal Code and California Evidence Codes 1035.2 and 1035.4. This training is offered twice yearly in the spring and fall. In addition, it is recommended that volunteers be required to participate in case reviews when appropriate and attend eight in-service trainings on related issues in child sexual abuse.

CASA and CSP recommend that the Volunteer Coordinator's responsibilities include but not be limited to:

1. Development and implementation of a recruitment plan;
2. Screening and selection of volunteers;
3. Coordination of orientation and training programs for volunteers;
4. Scheduling and supervision of volunteers;
5. Development of volunteer manual;
6. Development and maintenance of a record keeping system for volunteer activities;
7. Development of meaningful recognition program for volunteers.

**OPERATIONAL STATEMENT**

This Operational Statement stands as evidence that the Child Abuse Services Team (CAST), the social Services Agency (SSA), the Office of the District Attorney (DA), Victim Witness Assistance Program (VW), and the Orange County Law Enforcement Agencies intend to work together toward the mutual goal of providing maximum available assistance for crime victims.

The Child Abuse Services Team will closely coordinate the following services with the Victim Witness Assistance Program in relation to the following areas:

1. Attorney General Grant Requirements;
2. Office of Criminal Justice Planning Grant Requirements;
3. Cast Operations.

All agencies indicated believe that implementation of the Child Abuse Services Team proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program by coordinating and/or providing the following services:

- Project staff being readily available to CAST for service provision through Protocol Agreement attached.
- Regularly scheduled, monthly meetings between indicated agencies to discuss strategies, time table, and implementation of mandated services.
- Specifically, services as described in the Protocol Agreement attached.

We undersigned, as authorized representatives of CAST, the Social Services Agency, the Office of the District Attorney, and Victim Witness Assistance Program do hereby approve this document.

\_\_\_\_\_  
*CAST* *Date*

\_\_\_\_\_  
*SSA* *Date*

\_\_\_\_\_  
*DA* *Date*

\_\_\_\_\_  
*VW* *Date*

# CHILD ABUSE COUNCIL CRISIS INTERVENTION PROTOCOL

## OPERATIONAL AGREEMENT

### Staffing:

One full time and three part-time Licensed Therapists, and one part-time voluntary unlicensed therapist. Hired and supervised by the Child Abuse Council of Orange County.

Referrals will come from any participating agency or team member. Crisis Intervention Therapy to span two to six weeks with a two week follow-up.

- First few weeks are critical.
- Crisis will be resolved within a six week period.
- Need support while getting into ongoing treatment.
- May be only treatment they receive.

Crisis Intervention focus will be highly educational. The more information the family has, the better prepared they will be to resolve the crisis adaptively.

### CRISIS INTERVENTION TO INCLUDE:

#### PARENT

- Provide information and answer questions.
- Let them know they are not alone.
- Provide a continuity from support systems available.
- Allay anxiety around criminal justice procedures.
- Prepare for medical exam.
- **Enlist cooperation of non-offending parent to make child available for court, medical exam, and treatment.**
- Focus on **child's needs** and anticipate behaviors.
- Decrease parent's ambivalence.
- Provide referral for ongoing treatment.

#### CHILD

- Talk about what has happened since disclosure.
- Let them know they are not alone.
- Deal with initial fears, confusion, anxiety, and worries.
- Provide information and support for what happens next.
- Provide an "anchor" of safety.
- Stress that what has happened is not the child's fault.
- Support the child's decision to tell the truth.
- Prepare for the medical exam.
- Cut down on retraction of disclosure.
- Provide referral for ongoing treatment.

**OPERATIONAL AGREEMENT**

This Operational Agreement stands as evidence that the Child Abuse Services Team (CAST), Social Services Agency (SSA), Office of the District Attorney (DA), the Child Abuse Council (CAC), and the Orange County Law Enforcement Agencies intend to work together toward the mutual goal of providing maximum available assistance for crime victims.

The Child Abuse Services Team will closely coordinate the following services with the Child Abuse Council in relation to the following areas:

1. Attorney General Grant Requirements;
2. Office of Criminal Justice Planning Grant Requirements;
3. CAST Operations.

All agencies indicated believe that implementation of the Child Abuse Services Team proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program by coordinating and/or providing the following services:

- Project staff being readily available to CAST for service provision through Protocol Agreement attached;
- Regularly scheduled, monthly meetings between indicated Agencies to discuss strategies, time tables, and implementation of mandated services;
- Specifically, services as described in the Protocol Agreement attached.

We, the undersigned, as authorized representatives of CAST, the Social Services Agency, the Office of the District Attorney, and the Child Abuse Council do hereby approve this document.

\_\_\_\_\_  
*CAST* *Date*

\_\_\_\_\_  
*SSA* *Date*

\_\_\_\_\_  
*DA* *Date*

\_\_\_\_\_  
*CAC* *Date*

# **COURT APPOINTED SPECIAL ADVOCATE (CASA) VOLUNTEER SUPPORT AND CHILD ADVOCACY SERVICES PROTOCOL**

## **OPERATIONAL AGREEMENT**

Volunteer support and Child Advocacy services for CAST will be provided by Court Appointed Special Advocates; herein referred to as CASA, Community Services Programs, Inc., Victim Witness Assistance Program, and Sexual Assault Victim Services/Prevention Program; herein referred to as CSP.

Under the supervision of CAST Volunteer Coordination, on-site volunteers will provide immediate response to child and family, giving comfort, information, and support as the child proceeds through the initial intake, interview and medical examination at the facility. Initially CASA will provide trained volunteers to meet this need.

CAST Staff will refer each child to one of the above mentioned agencies for long-term advocacy. CASA will provide long-term advocacy for all minors in dependency cases and associated criminal cases where dependency action is occurring. In cases where there will be criminal proceedings, and no dependency proceedings, minors and parents will be given counseling referrals by CAST Staff and then referred to CSP for victim services.

CASA and CSP will provide consultation and resources to CAST in the development of the training for on-site volunteers and will actively participate in the training program. CSP will offer to CAST Staff and volunteers the forty hour sexual assault training as defined in Section 13837 of the California Penal Code and California Evidence Codes 1035.2 and 1035.4. This training is offered twice yearly in the Spring and Fall. In addition, it is recommended that volunteers be required to participate in case reviews when appropriate and attend eight in-service trainings on related issues in child sexual abuse.

CASA and CSP recommend that the Volunteer Coordinator's responsibilities include but not be limited to:

1. Development and implementation of a recruitment plan;
2. Screening and selection of volunteers;
3. Coordination of orientation and training programs for volunteers;
4. Scheduling and supervision of volunteers;
5. Development of volunteer manual;
6. Development and maintenance of a record keeping system for volunteer activities;
7. Development of meaningful recognition program for volunteers.

OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the Child Abuse Services Team (CAST), the Social Services Agency (SSA), Office of the District Attorney (DA), Court Appointed Special Advocates (CASA), and the Orange County Law Enforcement Agencies intend to work together toward the mutual goal of providing maximum available assistance for crime victims.

The Child Abuse Services Team will closely coordinate the following services with the Court Appointed Special Advocate Program in relation to the following areas:

1. Attorney General Grant Requirements;
2. Office of Criminal Justice Planning Grant Requirements;
3. CAST Operations.

All agencies indicated believe that implementation of the Child Abuse Services Team proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program by coordinating/providing the following services:

- Project staff being readily available to CAST for service provision through Protocol Agreement attached.
- Regularly scheduled, monthly meetings between indicated agencies to discuss strategies, time tables, and implementation of mandated services.
- Specifically, services as described in the Protocol Agreement attached.

We undersigned, as authorized representatives of CAST, the Social Services Agency, the Office of the District Attorney, and Court Appointed Special Advocates do hereby approve this document.

\_\_\_\_\_  
*CAST* *Date*

\_\_\_\_\_  
*SSA* *Date*

\_\_\_\_\_  
*DA* *Date*

\_\_\_\_\_  
*CASA* *Date*

# Appendix M

## Orange County Video Taping Guidelines

## **CHILD ABUSE SERVICES TEAM VIDEO TAPING GUIDELINES**

### **A. PHILOSOPHY:**

1. Video taping potentially reduces the number of times the child has to tell what happened to them.
2. Video taping is potentially valuable in confronting the alleged offender.
3. Video taping can refresh the victim's memory prior to trial.
4. Video tape can be used as evidence both as an accurate account of the disclosure and possibly in lieu of the child's testimony at preliminary hearing (Prop 115).

### **B. CONFIDENTIALITY:**

1. Confidentiality of the video tape will be preserved and protected like all other evidence belonging to the police (and/or Social Service Agency) with all chain of custody procedures already in place in each agency. CAST will only produce one copy of this tape. Any copying will be the responsibility of the agency responsible for this evidence and should be done only with consideration for maintaining strict confidentiality of the video tape.

Any copies that need to be made for other investigating agencies (such as Social Services Agency) or Juvenile Dependency court (i.e. County Counsel and/or Attorney for the minor, Harold LaFlamme) will be made for that requesting agency by the agency holding the tape as evidence. The agency holding the evidence will request copies be produced via the District Attorney's Technical services. The agency responsible for the tape as evidence will also keep a log of all additional copies made on each tape copied. Any other reproduction requests by those other than the investigating agencies will require a protective court order.

Requests for such duplicates will be made directly to the detective assigned to the case.

2. Proper control of the tape is essential and the controlling party may be liable for resulting injury if inappropriate parties obtain copies. All efforts to restrict any distribution of the video tapes will be undertaken by each agency responsible for this piece of evidence.
3. In order to insure strict access, there will be a protective order requested from the court pertaining to all video tapes taped at CAST during the investigation of child sexual abuse allegations prior to release to any party (Protective Order and Request for Protective Order attached). The intention is to carefully control access to protect the child's confidentiality.
4. The District Attorney is an exception as all evidence is submitted to the DA by the police for filing consideration. All evidence thus submitted will be disposed of or maintained by the District Attorney and the law enforcement jurisdiction under their normal procedures.
5. For those interested parties wishing to view the tape in addition to the above protective court order, CAST recommends that all police agencies and Social Service Agency establish within

each agency viewing procedures for defense (Viewing Procedure attached). CAST recommends that viewing and/or handling of video tapes completed at CAST be done within a secured area at each agency. Tapes should not be released without "protective court order" described above.

6. The District Attorney will provide information to all Deputy District Attorneys in both Superior and Municipal Court regarding procedures to request protective orders.
7. In all dependency cases Orange County Counsel (Attorney for Social Service) and/or Harold La Flamme (Attorney for the minor) will request a protective order whenever attorneys for the parent or guardian wish to view the video tape.

### C. PROCEDURES:

1. WHERE: Video taping will be done at CAST when children are brought to CAST for interviews on all cases during the initial implementation of video taping. Police and Social Workers can request a CAST interview and therefore have that interview videotaped. Access to CAST services is via police and/or social services request per normal procedures. Cases will continue to come to CAST based upon investigation process and need for continued investigation.
2. WHO INTERVIEWS: Police, Social Workers, and/or Child Interview Specialists can conduct interviews. The CAST "Team" will decide which person will interview considering experience of the potential interviewer, case issues and needs of the child.

Experience will be determined by trainings attended, knowledge of videotaping guidelines established by CAST, the laws governing presentation of testimony, knowledge of perception, learning, logical reasoning, language, social moral and motor development as well as familiarity of interview techniques that facilitate narrative reporting.

Ongoing peer review for learning, feedback and assessment of interview process within the CAST team will be an expectation for those interviewing on video tape. Peer review can be internal (i.e. within CAST and all pertaining agencies or with the Child Sexual Abuse Multidisciplinary Team Consortium Peer Review meetings. Monthly peer review opportunities will be promoted.

The interviewer must be available to testify or be cross examined in a court room on each case in which interviews are conducted.

Normally only one person will be in the interview room with the child and that will be the interviewer, unless the team decides the child needs a supportive person. The team will designate who that supportive person will be. The supportive person is only to be there for the child but is to have no response to the child's answers or questions of the interviewer.

3. WHEN TO INTERVIEW: Children may have been interviewed in the field to determine the need for CAST services during the rest of the investigation. When at all possible in these cases a limited screening interview is recommended. The interviewer should include a statement at the beginning of the tape as to a prior screening interview having been conducted by social worker and/or police in the field.

When appointments are made at CAST for the first interview, no pre-interviews with the child will occur at CAST unless this is an arranged follow up interview. The interviewer will make initial contact with the child in the CAST play area prior to the interview beginning.

Although CAST will attempt to limit the number of interviews, some children do not disclose in the first interview. Further relevant information can be discovered or the initial interview may need further clarification thus requiring further interviews. Should a follow up interview be desired, a new tape will be used. The interviewer can start the second interview with "you told us before....., what is different now....."

4. **CHILD PREPARATION:** Children over 8 years old will be asked if they have any questions about the room. If they inquire about the one way mirror or taping the interviewer will let them know who is in the observation room and that taping is occurring. Answering the child's question is to reduce the potential for the child to wonder about (and ask midway in the interview) the mirror or feeling betrayed because they did not know they were being observed and/or video taped.

If the child asks to see the observation room and/or equipment the interview will be interrupted to accommodate the child's request.

Should children need to take a break, get juice, go the bathroom and/or become emotionally distressed, the interview will also be interrupted.

The team will assess each individual child's needs regarding a disclosure that video taping and observation of the interview will occur based on the child's age, developmental capability to understand, the history given regarding the abuse (such as if the child has been a victim of pornography?). Sensitivity of the needs of the child will dictate the best approach with regard to telling the child about the viewing and video taping at CAST.

The interviewer can state "...We have a special place here with a one way mirror that allows the police and/or social worker to observe us while we talk so you won't have to tell what happened to you over again....We will be video taping the interview, and the police and/or social worker will keep the tape in a safe place. Only the court will decide who can watch this tape.

Children (and parents) will not be asked to sign consent for video taping, since the interviews are mandated part of the investigation process for both police and social workers.

5. **ROOM PREPARATION:** The entire room in which the interview is conducted must be visible on the monitor. The interviewer and child must sit in the room at the small table so that the child and interviewer's face are visible.

Every voice on the video must be identified.

Minimal toys are to be in the interview room. Crayons, body part identification pictures, the white board and a few large stuffed animals are sufficient. The anatomical dolls should be stored in the cabinet, only brought out for clarification and always displayed to the child

clothed. Attempt to have the body part identification pictures in view of the camera on the table.

Although the interviewer can attempt to limit somewhat the mobility of a child during the interview, force should not be used, nor should there be a perception of coercion. However distraction techniques, moving from coloring on the paper, to the white board within the range of the camera are most acceptable if not encouraged.

#### **D. INTERVIEW:**

1. The interviewer will step into the interview room prior to the interview and state on video the name, date, time, place and name of child to be interviewed. This part of the tape should be reviewed prior to beginning the interview to ensure equipment is properly functioning.
2. The interview will proceed according to the "Guidelines" for interviewing including telling the child the purpose of the interview (why we are talking today), rapport building and qualifying (truth-lie, inside-outside, colors, body parts etc), information gathering (who, what where, when, how), clarification, and termination of interview.

The use of unfocused questions will be the first choice as the interview begins. However, questioning may become more focused as the interview proceeds depending on the developmental ability of the child or other perceived dynamics related to disclosure process and once the team decides more focused questioning is appropriate.

3. The interviewer will be aware of non-verbal and verbal responses to the child to minimize suggestive and/or leading responses to the child's answers or comments. In addition, the interviewers will try to have patience and be flexible with each child's unique style. Maintaining complete neutrality is essential to maintaining credibility about the interview process.
4. The CAST team consisting of police, social worker, Deputy District Attorney, perhaps medical and/or therapist will meet prior to the interview to brief one another on facts known to date. Minimal information will be provided to the interviewer prior to the interview. The amount of information disclosed at this time will be determined by the team and is based on case investigation dynamics. (The team may give special consideration as to how much information the interviewer has about the case prior to the interview in multi-victim, multi-perpetrator cases as well as consider utilizing more than one interviewer).
5. During the interview, the team may call into the interview room, interrupting the interviewer with suggested questions. At some point during the interview, the interviewer will exit the interview room to discuss points of questioning that may still need to be covered. [The tape is to be put on pause during these interruptions.]
6. Anatomical dolls will only be used for clarification of statements made by the child once the need for further clarification is determined by the team.

7. At the termination phase of the interview if a medical exam and/or crisis intervention therapy is necessary, the interviewer will explain the next "steps" to the child and use the "end of interview" assessment, entering the numbers the child chose onto the UDF.

#### **E. FOLLOW UP DOCUMENTATION**

1. The UDF (Uniform Data Form), CAST Data Collection forms have a section that documents video taping on each case, titled "Video taping". You might want to include as a notation on this form the start, ending and total time of the tape.
2. Also, the Individual Interview Form requests documentation for how the interview was memorialized, use of video taping, who conducted the interview, who was present in the observation room and whether the child was told about the observers and video taping. Please mark these forms accordingly on all cases.
3. Be sure to label the video tape with date, child CAST case #, police DR# and if known, SSA case file # before giving to the police and/or social worker as evidence. Police and/or social worker will take possession of the tape and hand carry to their agency to be placed into evidence (law enforcement agencies) or locked storage with the custodian of records (SSA) Tapes will be kept in manila envelopes with label on envelop stating "Confidential - Do Not Duplicate".
4. Each agency will develop a log and viewing procedure and determine how long to keep tape as evidence based on agencies policy and procedure.

#### **F. DISCOVERY**

Extra caution must be provided in dissemination of video taped interviews due to the potential embarrassment, humiliation and identification of the victim. The privacy of the victim needs to be protected while at the same time meeting the legal expectations and rules of discovery.

1. Discovery is mandatory once a case has been filed and the responsibility of the prosecution to provide to defense attorneys. Police do not have to release evidence directly to a defense attorney.
2. All law enforcement agencies are to place the original copy of the video taped interview in a sealed envelop with a warning label "tape to be viewed by law enforcement only without prior approval of DA.
3. A copy of the video taped interview will be provided to the DA by law enforcement when a case is presented to the DA for filing. The DA will lodge a copy of the tape in evidence with the court. The DDAs will request a protective order whenever possible at arraignment and/or preliminary hearings in both Municipal and/or Superior court. The DA will make copy of the tape available to defense attorney of record once the attorney of record requests such tape via normal discovery procedures including having a protective order whenever ordered by the court. (If the court denies the request, please notify CAST so that information can be logged in the child's file.)

4. Defense can request viewing of the tape through clerk of the court during regular business hours or defense can request copy of tape with a protective order only.
5. Juvenile Court discovery procedure should also include a request for protective order by either Orange County County Counsel and/or Harold La Flamme. If such a request is denied, please contact CAST and so indicate.
6. Should attorneys for the parents request viewing procedures with a protective order in place whenever order, viewing procedures for tapes in custody of Social Services Agency will be arranged through the "SSA Custodian of Records", Robin Pickering.

## **G. EQUIPMENT OPERATION:**

### **1. Room preparation**

- a. Make sure lights are off in observation room and on in the interview room.
- b. If both interview rooms are used one side can use microphones (presently at CAST-SOUTH only one interview room is set up for use).
- c. At CAST-Central when using both rooms at the same time draw curtains so that light does not interfere with one way mirror.

### **2. Setting the time and date**

Three units should be left on at all times: the Date/Time Generator, the Headphone amplifier, and the Dual Mic Preamp. (They run on very little power and should cause no problem).

#### **a. Date/Time Generator:**

1. It is very simple to reset the Date/Time Generator. With the monitor on, press 'time set', then the year', 'month', 'day', 'hour', and 'minute' as needed. After the correct time has been set, press 'run'.
2. The purpose is to display the date and time of video recording.

### **3. Turn the power on for the Monitor, Tape Player, and VCR**

### **4. Audio Taping**

- a. Cassette tapes need to be inserted into the tape player and the machine turned on to the recording mode in order to activate the microphones in the interview room. Press the button "rec/arm" and then the "pause" button to stop the tape from recording until time for the interview to start. This procedure needs to be followed even if there is no plan to audiotape the interview. (see letter 4.d. for instructions on how to insert the tapes into the machine for proper recording.)

- b. Audio can be used in two ways, externally through the speaker in the Monitor or internally with a head set. Up to six head sets can be used. Please find (1) outlet on the Monitor, (1) on the Cassette Deck, and (4) on the headphone amplifier.
- c. The volume can be adjusted in four places:
  - 1. T. V. Monitor 'VOLUME'- The TV Monitor-Volume lever, to the left of the power button can be adjusted accordingly.
  - 2. Cassette Deck 'REC LEVEL'- Adjust "rec level" button to control digital display of volume which should not be in red area except in peaks. Most volume adjustment is made here.
  - 3. Headphone Amplifier - Volume control here is for individual head set adjustments.
  - 4. Dual Mic Preamp. - Microphone 1 should be between 60 - 40 most times. White out marks where the equipment is best set. You can adjust to personal preference. "Don't touch warning" on dual mic preamp is for button covered. These never need to be adjusted. Optimum setting is to use the full range of green (see VCR digital display). If the volume indicator is in the red, lower the volume otherwise the recorded sound will be muffled. (VCR should be on "external" at all times to allow for sound -check "input" button, which is located on the remote control.)
- d. The tape player adjustments.
  - 1. Place two cassettes in each door with 'Side One' facing out. 'Side One' has two screws on top and the left side of the tape should be full. Use only 90 minute leaderless audio tapes.
  - 2. Turn relay record on. This will tell the player to switch over to the second tape after both sides of the first tape have been used.
  - 3. If arrow directions are not pointed to the right push right play arrow button, then stop button, then rewind button. Use pause button as a check to see if tape direction arrows are both pointing to the right. Repeat on B deck as well.
  - 4. Push record arrow button on left side to start record

## 5. Videotaping

- a. The VCR should always say external.
- b. Press input if screen is blue. Always use separate tape label on tape and box for easier identification. Use small VHS tapes. CAST will supply.
- c. Camera should be turned off when not in use. Over use will cause the lens to burn out. CAST will supply.
- d. Label tape with name of interviewer, name of child, case number, and date of recording.

- e. Using remote control on table by equipment, press input button and room should be visible on screen. When on, screen will initially read VCR external to tell you video equipment is working
- f. Earphones for the television are in the top left drawer. You can listen via these earphones if you prefer and the sound does not need to be in the observation room.
- g. Do not adjust camera lens, wide angle is preset. Colors will not be as bright as preferred.
- h. Camera position can be slightly readjusted by turning thumb screw just below camera bracket and moving as desired slightly up and down. Slight sideways movement is possible also by moving camera in desired position.
- i. It is not necessary to adjust hue, picture, bright or color, it is adjusted for taping purposes.
- j. If you wish to extend play time of the tape from 30 to 60 or 90 or the 60 minute tapes to 120 minutes move the large outer circle on the remote control to "speed", shift the inner knob watching the monitor to the to the desired setting for the speed of the tape.

#### H. TECHNICAL DIFFICULTIES

1. Don't touch the equipment other than as indicated in the instructions. On/off power buttons and volume control should be the only adjustments that are necessary. Volume adjustments may only be necessary if the child is soft spoken and hearing is critical to those observing and the memorialization process.

The date/time generator should have the correct date. If not please follow directions to ensure the date is accurate.

2. Always check the equipment before starting the interview. You can do this by having the interviewer go into the interview room, give name, date, time and place and name of child to be interviewed. Review this part of the tape to ensure equipment is properly functioning.
3. Use tapes with appropriate length of time for taping (i.e. we have 30 min and 60 minute tapes; the 30 min can be extended to 90 minutes but that may reduce the quality of the tape; 30 minute tape has "sp" (standard play) and "ep" (extended play). We will begin using small VHS compact tapes with adapter. CAST will provide tapes. Always make sure in advance of the interview beginning, you have sufficient extra tapes for lengthy interviews or technical problems.
4. Should you discover technical difficulties part way through the interview or at the end of the interview, keep the malfunctioning tape and if desired arrange for another interview. Time and date of the second interview should be determined based on the child's ability to continue or not at the time the malfunction is discovered.  
 Technical difficulties could consist of sound interference, equipment malfunction, or a power failure. The existence of an original tape may help document why the child is not as spontaneous as in the original interview.

5. Always record audio and video together. The audio must be functioning in order for sound to be present in the observation room. Additionally, the audio tape availability will make potential transcription easier if required for the court process.

1 MICHAEL R. CAPIZZI, DISTRICT ATTORNEY  
COUNTY OF ORANGE, STATE OF CALIFORNIA  
2 CHUCK MIDDLETON, DEPUTY-IN-CHARGE  
SEXUAL ASSAULT AND CHILD ABUSE UNIT  
3 BY:  
Deputy District Attorney  
4 Post Office Box 808  
Santa Ana, California 92702-0808  
5 Telephone: (714) 541-7644

6 ATTORNEYS FOR PLAINTIFF  
7  
8

9 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF \_\_\_\_\_  
10

11 THE PEOPLE OF THE STATE )  
OF CALIFORNIA, )

CASE NO. \_\_\_\_\_

12 )  
PLAINTIFF, )

PROTECTIVE ORDER

13 )  
V. )  
14 )

15 \_\_\_\_\_ )  
DEFENDANT. )  
16 \_\_\_\_\_ )

17  
18 GOOD CAUSE APPEARING THEREFORE, IT IS HEREBY ORDERED, ADJUDGED AND DECREED  
THAT:  
19

- 20 1. "Tapes" as used in this protective order include all audio and  
21 video tape recordings of investigatory interview(s) of the  
22 victim(s) made during the course of the investigation of  
23 the conduct at bar in this case.  
24  
25 2. Tapes may be viewed only by parties, their counsel and their  
26 counsel's employees, investigators, and experts for the  
27 purpose of prosecuting or defending this action.  
28

1           3. No tapes, or the substance of any portion thereof, shall be  
2           divulged by any person subject to this protective order  
3           to any other person, except as necessary for the trial or  
4           preparation for trial in this proceeding, and such information  
5           shall be used only for purposes of the trial and preparation  
6           trial herein.

7  
8           4. No person shall be granted access to the tapes, any transcription  
9           thereof or the substance of any portion thereof unless that  
10          person has first signed an agreement in writing that he or  
11          she has received a copy of this protective order, that he  
12          or she submits to the Court's Jurisdiction with respect to  
13          it and that he or she will be subject to the Court's contempt  
14          powers for any violation of it.

15  
16          5. Each of the tape cassettes and transcripts thereof available to  
17          the parties, their attorneys and respective agents shall be  
18          with the following legend:

19  
20                   THIS OBJECT OR DOCUMENT AND THE CONTENTS THEREOF IS  
21                   SUBJECT TO A PROTECTIVE ORDER ENTERED BY THE COURT  
22                   IN PEOPLE V. \_\_\_\_\_.  
23                   CASE NUMBER \_\_\_\_\_. THIS OBJECT OR DOCUMENT  
24                   AND THE CONTENTS THEREOF MAY NOT BE EXAMINED,  
25                   INSPECTED, READ, COPIED BY ANY PERSON OR DISCLOSED  
26                   TO ANY PERSON EXCEPT AS PROVIDED IN THE PROTECTIVE  
27                   ORDER. ANY PERSON VIOLATING SUCH ORDER MAY BE  
28                   SUBJECT TO THE FULL CONTEMPT POWERS OF THE COURT.

25          6. Unless otherwise provided by order of this Court, no additional  
26          copies of the tapes or any portion of the tapes shall be  
27          made without prior court order.

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7. The tapes shall not be given, loaned, sold, or shown to any person except as provided by this order or by subsequent order of this Court

8. Upon final disposition of this case any and all copies of these tapes and any transcripts thereof shall be returned to the court for safekeeping, except those booked into and kept as evidence by the investigating law enforcement agencies. Those materials subject to this order so kept by any law enforcement agency shall remain subject to this order and those materials shall remain secured in evidence in accordance with that agencies policies and procedures.

IT IS SO ORDERED.

signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

1 MICHAEL R. CAPIZZI, DISTRICT ATTORNEY  
COUNTY OF ORANGE, STATE OF CALIFORNIA  
2 CHUCK MIDDLETON, DEPUTY-IN-CHARGE  
SEXUAL ASSAULT AND CHILD ABUSE UNIT  
3 BY:  
Deputy District Attorney  
4 Post Office Box 808  
Santa Ana, California 92702-0808  
5 Telephone: (714) 541-7644

6 ATTORNEYS FOR PLAINTIFF

7  
8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
9 **FOR THE COUNTY OF \_\_\_\_\_**

10 THE PEOPLE OF THE STATE ) CASE NO. \_\_\_\_\_  
11 OF CALIFORNIA, )  
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PLAINTIFF, )  
V. )  
DEFENDANT. )

REQUEST FOR PROTECTIVE ORDER  
Hearing:  
Department:  
Date:  
Time:

17 TO THE HONORABLE \_\_\_\_\_, JUDGE OF  
18 THE SUPERIOR COURT OF THE STATE OF CALIFORNIA, FOR THE  
19 COUNTY OF  
20 \_\_\_\_\_ AND HIS ATTORNEY:

22 The defendant in this case stands before the Court charged with counts  
23 relating to the sexual molestation or exploitation of a child. During the  
24 course of the inquiry into these allegations a comprehensive interview of the  
25 child was conducted by the investigative agents assigned to this case. In  
26 order to preserve this interview and reduce the trauma to the victim that may  
27 occur with multiple interviewing, this interview was recorded on videotape.

28

1 The People recognize that this videotape is properly subject to discovery.  
2 However, in the compelling interests of protecting the child's privacy  
3 and reducing trauma to child victims the People request the Court to issue a  
4 protective order restricting the reproduction, use, and dissemination of any  
5 video tapes of the child victim in this case.

## 6 POINTS AND AUTHORITIES

7 With the enactment of Proposition 115 in 1990, several statutes were added to  
8 the California Penal Code governing the discovery and disclosure of evidence  
9 in criminal cases. The relevant statutes to the issues at bar are contained  
10 within Penal Code § 1054 et seq. At the outset it must be noted that one of  
11 the stated primary purposes behind the statutory scheme regulating discovery  
12 in California is the protection of victims. Penal Code § 1054(d). This  
13 provision has been employed by the court to restrict discovery when disclosure  
14 of information would place witnesses in jeopardy. *Montez v. Superior*  
15 *Court*(1992)5 Cal.App.4th 763.

16  
17 The People are required to disclose to the Defendant relevant written or  
18 recorded statements of the witness that the prosecutor intends to call at  
19 trial. Penal Code § 1054.1. With this motion, the People are not asserting  
20 that the statements of the victim which fall within the parameters of Penal  
21 Code § 1054.1 are not subject to a claim of privilege are not subject to  
22 disclosure. However, the People do assert that the disclosure of the video  
23 taped statements of the victim are subject to restrictions by the Court. In  
24 this case the appropriate restrictions are described within the attached  
25 PROTECTIVE ORDER and are designed to insure the safety of the victim and to  
26 protect her privacy rights.

27

28

1 The ability of the Court to issue protective orders regarding discovery and to  
2 use discovery restrictions to protect the interest and rights of third parties  
3 and witness is clear. The Court's power to fashion protective orders  
4 regarding discovery was well described in *Millaud v. Superior Court*(1986) 182  
5 Cal.App.3d 471 at 477:

6 We have no doubt the broad power of the trial court to fashion  
7 criminal discovery procedures satisfying, so far as possible, the  
8 legitimate interests of all parties, including the power to issue  
9 protective orders preventing unjustified use of the requested  
10 materials. Such power exists in civil matters, and has been held  
11 not to violate any First Amendment rights although such an order  
12 does restrict dissemination of information. (See *Coalition Against  
Police Abuse v. Superior Court* (1985) 170 Cal.App.3d 888) Further,  
13 the court in *Pacific Lighting Leasing Co.,.*(1963) 60 Cal.2d 223,  
14 246-247) We see no reason why the court cannot protect against  
15 disclosure which would hamper a third party or injure its  
16 interests...

17 In a case in which there is a reasonable governmental or policy interest the  
18 court may restrict discovery and issue protective orders in order to further  
19 those interests. See; *People v. Reber*(1986) 177 Cal.App.3d 523 (protection of  
20 sexual assault victim's psychotherapy records), *Millaud v. Superior Court,*  
21 *supra*, 182 Cal.App.3d 471 (regarding a supermarket's investigation records in  
22 a homicide case), *City of Santa Cruz v. Superior Court* (1987) 190 Cal.App. 3d  
23 1669 (protection of police officer personnel records and police officer's  
24 psychological records in an assault on a police officer prosecution), *Bullen  
v. Superior Court*(1988) 204 Cal.App.3d 22(denial of defense motion to examine  
25 a witness' home in a murder prosecution), *City of Alhambra v. Superior Court*  
26 (1988) 205 Cal.App.3d 1118 (regarding disclosure of city records in a homicide  
27 prosecution).

28 The privacy interests of child sexual assault victims is among the most  
compelling of government concerns and interests. The need to protect the  
privacy of the child brought into the judicial system because of her

1 victimization has been expressed by the courts and by the legislature. This  
2 policy was discussed by the United States Supreme Court in a case dealing with  
3 a defendant attempting to discover confidential child abuse reports in a  
4 criminal case charging him with the sexual abuse of his daughter:

5  
6 To allow full disclosure to defense counsel in this type  
7 of case would sacrifice unnecessarily the Commonwealth's  
8 compelling interest in protecting its child abuse  
9 information. If CYS (Children and Youth Services)  
10 records were made available to defendants, even through  
11 counsel, it could have a seriously adverse effect of  
12 Pennsylvania's efforts to uncover and treat abuse. Child  
13 abuse is one of the most difficult crimes to detect and  
14 prosecute, in large part because there are often no  
15 witnesses except the victim. A child's feeling of  
16 vulnerability and guilt, and his or her unwillingness to  
17 come forward are particularly acute when the abuser is a  
18 parent. It therefore is essential that the child have a  
19 state-designated person to whom he may turn, and to do so  
20 with the assurance of confidentiality.

21 Pennsylvania v. Ritchie (1987)480 U.S. 39 at 60 (emphasis added)

22  
23 California courts have adopted the same concern for the privacy rights of  
24 victim of sexual assaults. See; People v. Reber, supra, 177 Cal.App.3d 523,  
25 People v. Blackburn (1976) 56 Cal.App.3d 685, People v. Harlan (1990) 222  
26 Cal.App.3d 439, People v. Jordan (1983) 142 Cal.App.3d 628, In re Venus B.  
27 (1990) 222 Cal.App.3d 931.

28  
29 There is also ample legislative evidence regarding the compelling nature of a  
30 victim's right to privacy. Article I, Section 1 of the California Constitution  
31 provides that the right of privacy is among those considered to be inalienable  
32 rights. California Evidence Code § 782 provides that evidence of a sexual  
33 assault victim's prior sexual conduct is admissible in only limited  
34 circumstances. California Penal Code § 859.1 provides that in some  
35 circumstances the preliminary hearing of a defendant charges with the sexual

1 abuse of a minor may be closed to the public in order to protect the minor  
2 victim's reputation.

3  
4 Most recently, California Penal Code § 293.5 was enacted, providing for the  
5 victims of sexual assault to be advised that statutes exist enabling their  
6 identity as a victim of a sexual assault to be kept from becoming public  
7 record after the filing of a criminal action.

8 In this case the child victim has been interviewed as a victim of child sexual  
9 assault by the professionals conducting the investigation into the conduct  
10 giving rise to this case. These interviews were preserved on video tape in  
11 the interest of sparing the victim from multiple interviews and to preserve  
12 the evidence of her disclosure. While these tapes are properly discoverable,  
13 the court can advance the legitimate public interest in preventing the  
14 unnecessary dissemination of this child's name, likeness, and disclosure of  
15 the most intimate of crimes with the issuance of the attached protective  
16 order.

17  
18 Respectfully Submitted,

19

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21

\_\_\_\_\_  
DISTRICT ATTORNEY

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\_\_\_\_\_  
COUNTY

23

By:

24

25

\_\_\_\_\_  
Deputy District Attorney

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28

**PROPOSED VIEWING PROCEDURE FOR DISTRICT ATTORNEY,  
LAW ENFORCEMENT AND SOCIAL SERVICES**

This procedure is being implemented in an effort to adopt specific guidelines for requested viewing of the video interview tapes in possession of the District Attorney, law enforcement and/or social services. Once a child has been interviewed, the tape will be in possession of Law Enforcement. If Law Enforcement not present the tape will be in possession of the Social Worker. The District Attorney will have a copy of the tape if a criminal complaint has been filed.

All agencies will provide the following structure for viewing tapes following court order:

**I. THE LOG** - When the video tape is with any of the above mentioned agencies, appropriate entries will be made in the "CAST Tape Log" (See Attachment A). The assigned Records staff person from any agency shall be responsible for receiving the tape and logging it in on the evidence Tape Log. The log shall be stored in evidence rooms and/or specifically identified locked cabinet.

**II. SECURITY** - After it has been logged-in, the tape shall be placed in the **locked** evidence room and/or locked cabinet. To ensure the security of the tape and to ensure that the tape cannot be and will not be "accidentally" erased or tampered with by one of the viewing parties, the "tab" that protects the tape from accidental erasure shall be broken out by the clerk who logs the tape in for the Court (if the tab has not been previously broken out by law enforcement and/or social services).

**III. VIEWING** -

1) Counsel for the parties in the case are entitled to view the video tape. Counsel who wish to view the tape, shall contact the **Police Agency** (or **Social Services Agency** if they have sole tape in their possession) staff to arrange viewing.

2) The **Law Enforcement and/or Social Services** staff shall verify counsel.

a) If the party requesting to view the video tape is **NOT** listed as counsel of record for one of the parties in the case, the Records staff person shall immediately notify the District Attorney or County Counsel and await further instructions.

b) If the requestor is attorney of record for one of the parties, the **Law Enforcement** staff and or **Social Services Custodian of Records** shall be responsible for retrieving the evidence and arrange viewing at the police station or in an identified interview room at within a Social Services building.

3) The assigned staff person shall then load the tape in the "VCR" and begin playing the tape. Counsel shall be advised they are not to load or remove tapes from the VCR.

4) The **staff person** shall direct the attorney(s) to report to **Reception** when the viewing is complete. The **Reception** person shall contact the assigned staff person **immediately** upon notification that viewing is complete.

5) The **staff person** shall **immediately** retrieve the tape from the "VCR" and return it to the evidence room.

6) The **staff person** shall complete the Log entries when the tape is returned to the evidence room.

**IV. TAPE DESTRUCTION** - The CAST tape shall be maintained in the locked evidence room and/or locked cabinet in SSA until such time as a CAST "tape destruction" procedure has been developed and then disposed of pursuant to that procedure.