

**Wisconsin Department of Justice
and the Children's Justice Act**

2011 Community Profile Survey

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The Community Profile Survey is compiled annually to gather information about the investigation and prosecution of child abuse and neglect. In 2010, surveys were issued electronically to all Wisconsin district attorney's offices; 53 respondents completed a survey.

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Map 1: Written Protocol for Conducting Joint Investigations

Forty-one percent of respondents reported that their county has a written protocol to guide joint investigations of child maltreatment cases. Eleven percent of respondents did not know if a protocol existed in their jurisdiction. Forty-five percent of respondents did not answer the question regarding written protocol.

Map 2: Multidisciplinary Teams

Approximately sixty-percent of respondents reported that there is a multidisciplinary child maltreatment team in their county or tribe.

Map 3: Child Advocacy Centers

Seventy-eight percent of respondents reported that they have access to a child advocacy center, either in their county or in a neighboring county.

Map 4: Designated Child Interview Rooms

Sixty-one percent of respondents reported that there is a room specially designated for child interviews in their county.

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Approximately sixty percent of respondents reported having a multidisciplinary child maltreatment team in their jurisdiction. All respondents with a team reported that child protective services and law enforcement were represented on the team. Ninety percent reported that a prosecutor was also a member of the team.

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Seventy percent of respondents reported that it is their jurisdiction's policy that child victims be interviewed jointly by representatives of more than one agency. A variety of factors are used to determine when a child will be interviewed jointly. The criterion cited most often by respondents were: victim characteristics, including age (cited by 36 counties); severity of the case (cited by 33 counties); to minimize trauma to the child (cited by 33 counties); agency staffing and resources available (30); and the urgency of the case (cited by 28 counties).

Graph: Specialized Training13

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Nearly 40% of respondents reported there is not a specially designated child interview room in their jurisdiction. Respondents cited several locations where child interviews occur including law enforcement agencies, child protection agencies, schools, and homes of victims. The most common barrier to developing one is a lack of funds and equipment and/or a lack of space. Jurisdictions without a special child interview room reported that child interviews are conducted in a variety of locations. Over half reported the location is determined by the social worker or law enforcement agent assigned to the case.

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Sixty-one percent of respondents reported having a specially designated child interview room in their tribe or county. All but seven percent of those with a room felt it was developmentally appropriate for children. Specially designated rooms were most often located at a child advocacy center (48%) or a law enforcement agency (35%). When asked how the location for the designated room was determined, the most common answer was that it was the space most readily available. Several respondents reported the room was added as part of a child advocacy project or when the opportunity arose due to new construction or

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renovation. The suitability of the room for its purpose was also cited, but not as frequently as reasons related to resource availability.

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Most respondents do not use the designated child interview room for purposes other than child interviews. All respondents have policies in place to protect the integrity of the room. For example, the room is maintained to be child-friendly (furnishings, etc.) and child interviews have priority for use of the room,

Graph: Multiple Interviews.....17

Nearly two-thirds of respondents reported that child maltreatment victims are interviewed more than once in a minority of cases, less than 25% of all child maltreatment cases. Forty percent reported that victims of child maltreatment are “almost never” interviewed more than once. Three respondents reported that child victims of maltreatment are “almost always” interviewed more than once.

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The practice of recording forensic interviews varies according to the type of maltreatment suspected. At least three-fourths of all interviews are recorded in 80% of respondents’ sexual assault cases. The frequency drops to 59% of respondents’ cases of child physical abuse and only 48% of respondents’ neglect cases.

Graph: Factors Influencing Decision to Record.....19

A variety of factors influence the respondents’ decision to record a child interview. The factors cited most often by respondents as influencing the decision to record a child interview were: 1) the age of the child; 2) to reduce the child’s involvement in court proceedings; 3) to minimize the number of interviews for the child; 4) to assure interview quality; and 5) to obtain an exact record of the child’s statement.

Graph: Use of Recordings in Court.....20

All but 4% of respondents use recorded interviews in court proceedings. Most commonly, they are used at preliminary hearings (87%), in trials (83%) and at CHIPS proceedings (34%). Respondents also reported using recorded statements at parole revocation hearings and at family court hearings, as well.

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Most respondents reported that using recorded child interviews has had an impact on many aspects of their cases. The most frequently cited impacts were that recorded statements resulted in more pleas, more guilty pleas, fewer trials, less likelihood that children have to testify, and more compelling disclosures. Only one respondent reported that having recorded interviews from child victims has not had any impact on cases.

SECTION 5: MEDICAL EXAMS

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Respondents reported that victims of sexual abuse receive medical exams more frequently than victims of neglect or physical abuse. Nearly three-fourths of respondents reported that medical exams are performed in at least half of all cases of child sexual abuse. Fifty-percent of respondents reported medical exams are performed in at least half of all cases of child physical abuse. Slightly more than one-fourth of respondents reported that medical exams are performed in at least half of child neglect cases.

Graph: Importance of Medical Exams in Maltreatment Cases.....23

Approximately 60% of respondents believe it is very important to a successful investigation and prosecution of child maltreatment that victims of sexual and physical abuse receive a medical exam. Only 30% assign the same priority to such exams in neglect cases.

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Responses indicated that delayed reporting is the most common reason respondents believe some children do not receive exams in maltreatment cases. The second most commonly cited reason was that the exam was not necessary due to the nature or severity of the injury (or lack of injury).

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Respondents reported that medical exams for sexual abuse victims are most frequently conducted by SANE staff. Exams in physical abuse cases are more frequently conducted in the emergency room. Exams in neglect cases are more frequently conducted by a pediatrician.

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When asked what type of training (and to whom) and/or resources would make a significant positive impact on the investigation and prosecution of child maltreatment in their jurisdiction, respondents provided a varied list of needs. Common themes included the need for more forensic child interviewing training across all disciplines but especially for law enforcement. There were also several comments related to the need for specialization of prosecutorial, medical and law enforcement staff to better respond to child maltreatment cases.

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Graph: Barriers Listed by Respondents

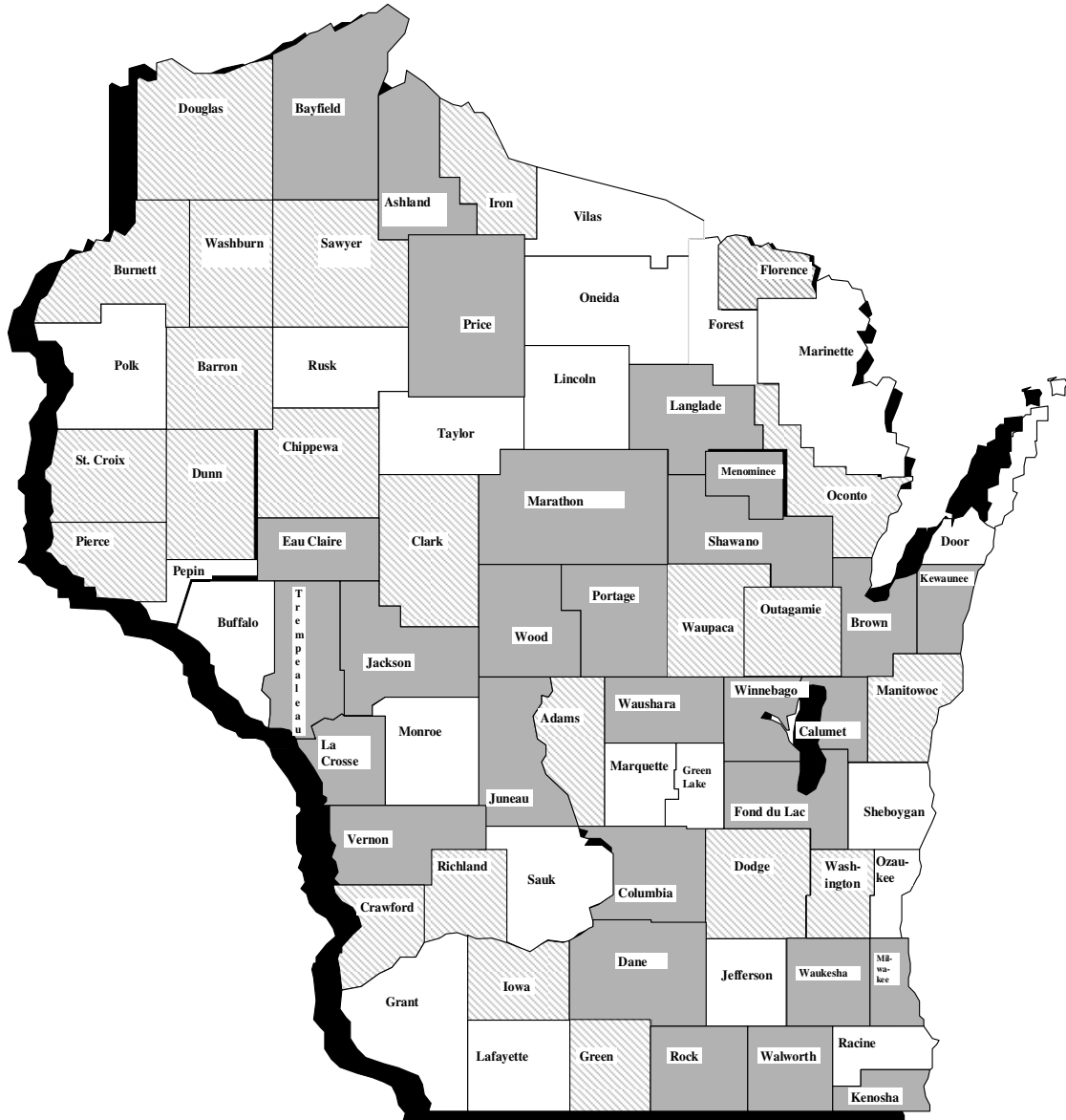
Respondents provided a list of the barriers that impede the investigation and prosecution of child maltreatment cases. The most common response, cited by nearly 60% of respondents was a lack of experienced personnel resources. 34% cited lack of physical evidence, 32% the interference by family members; 21% cited poor investigations, 19% delayed reporting by victims.

Data compiled and published 2011. For questions about this document or the Children's Justice Act Program, contact the Department of Justice Office of Crime Victim Services at 608-264-9497. Website: www.doj.state.wi.us/cvs

SECTION 1: OVERVIEW
MULTIDISCIPLINARY TEAMS *MAP 2*

Multidisciplinary Child Maltreatment Teams

Wisconsin Department of Justice & Children's Justice Act 2010 Community Profile Survey



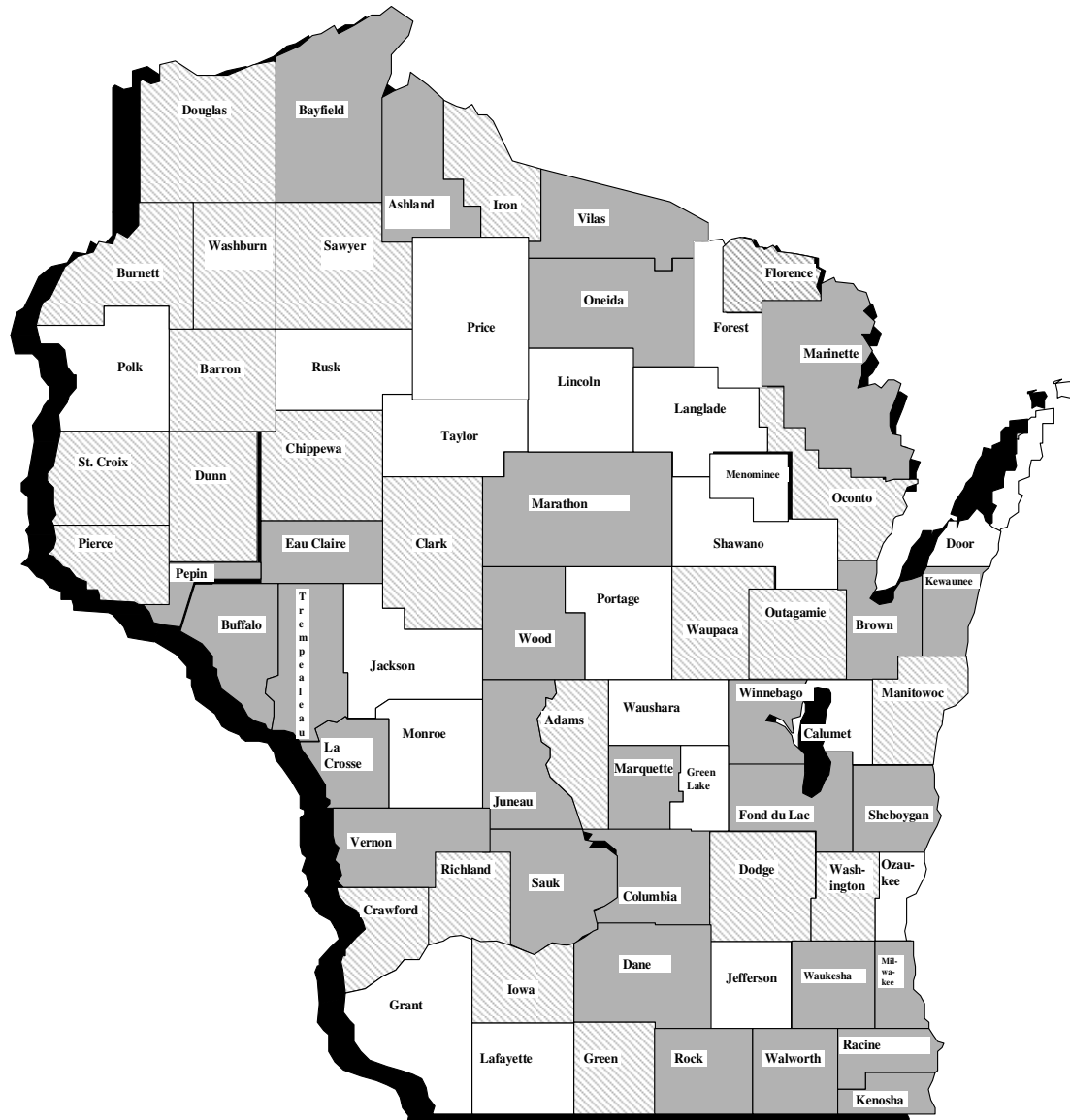
Has Team
No Team
No Response

ACCESS TO THE SERVICES OF A CHILD ADVOCACY CENTER *MAP 3*

SECTION 1: OVERVIEW
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Designated Child Interview Rooms

Wisconsin Department of Justice & Children's Justice Act 2010 Community Profile Survey



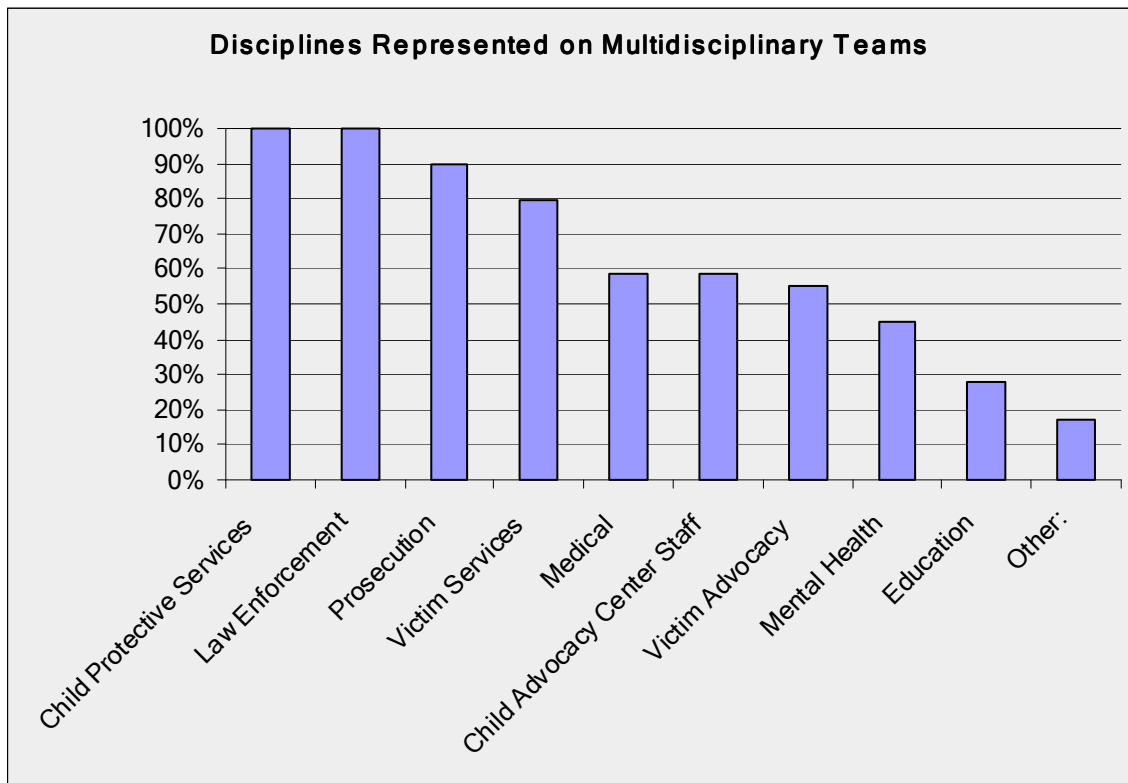
Has Room
No Room
No Response

SECTION 2: MULTIDISCIPLINARY TEAMS

Nearly 60% of respondents reported having a multidisciplinary child maltreatment team in his or her jurisdiction. Of those with teams, 76% reported having a written protocol to guide members of the team during investigations.

Disciplines on Teams

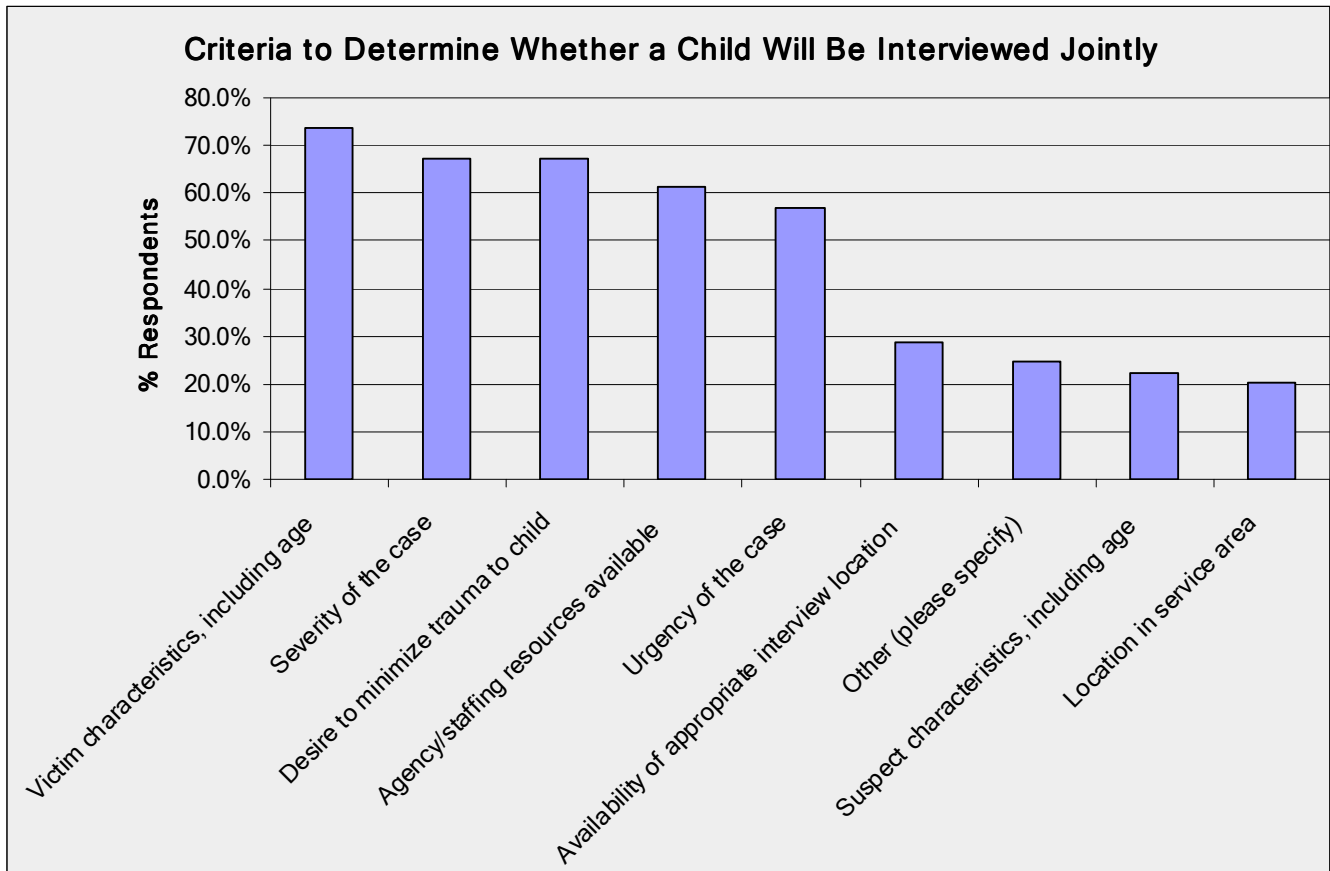
All respondents that have a team report that membership includes a law enforcement representative and a member from child protective services. Ninety-percent also include a prosecutor.



“Other” responses: Coroner (1), probation and parole (2), FBI (1), Tribal Victim Services (1)

SECTION 3: VICTIM INTERVIEWS

Seventy percent of respondents reported that it is their jurisdiction's policy that child victims are interviewed jointly by representatives of more than one agency in the service area. Decisions regarding whether to conduct such an interview are based on several factors:



Respondents reported that several factors may lead to a decision that a child *will not* be interviewed jointly:

Availability of team members to participate in a joint interview (8)

Age of the victim (7)

Urgency of immediate interview, for example, to protect child or other children (6)

Children are always interviewed jointly (5)

Lack of protocol; poor protocol (4)

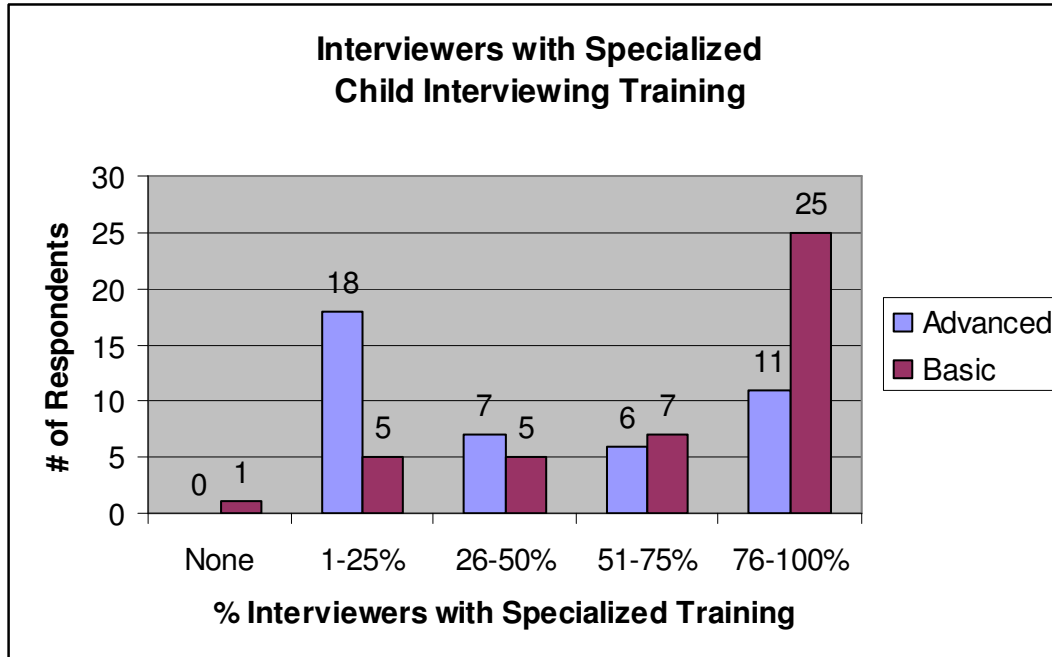
Severity of allegations (2)

Other factors cited: Availability of victim; location of victim; rapport and experience, physical handicap, if a joint interview will traumatize the child.

SECTION 3: VICTIM INTERVIEWS

Access to Child Advocacy Centers and Trained Interviewers

Only 14% of respondents reported they did not have access to the services of a child advocacy center in or near their jurisdiction. Four respondents did not know whether they had access to such services. Eighty-one percent of respondents reported that the majority of their team members had some specialized child interview training.



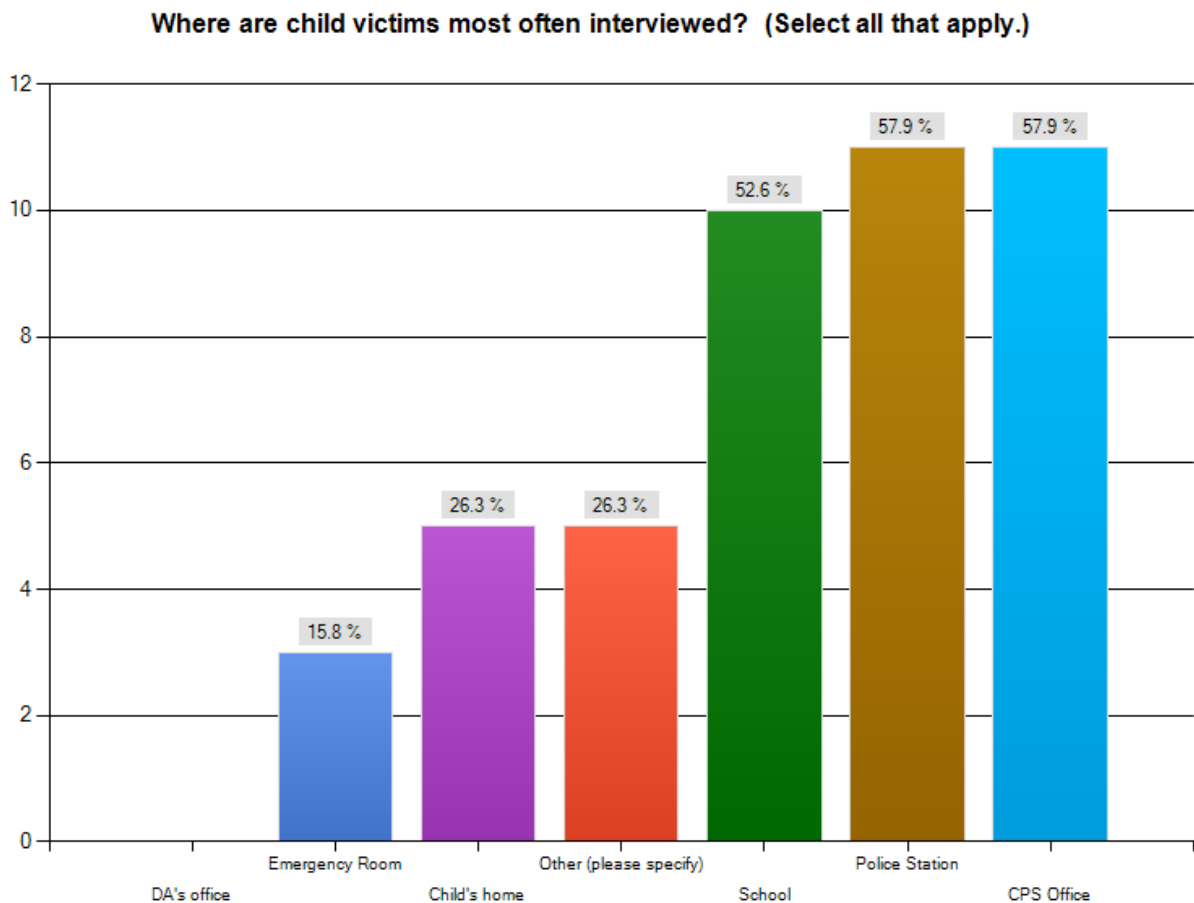
Location of Child Interviews

Approximately 40% of respondents reported there is not a specially designated child interview room in their jurisdictions. The most common barriers to designating such a room were identified as a lack of funds and equipment (cited by 72% of respondents) and/or a lack of facility space (cited by 72% of respondents). Other reasons for not designating a room included: having access to an appropriate interview room through another agency or child advocacy center (cited by 20% of respondents).

Over half of the respondents who reported they do not have a designated child interview room reported that the location for a child interview is determined by the social worker or law enforcement agent assigned to the case. Nearly a fourth of respondents reported that child interviews are always done in a regular interview room at the justice center. Others reported that location was determined by the urgency of the case, the location of the child, or the ability to use a room at a child advocacy center.

SECTION 3: VICTIM INTERVIEWS

Of the jurisdictions without a designated child interview room, children were most often interviewed in a child protection office, law enforcement agency or a school.



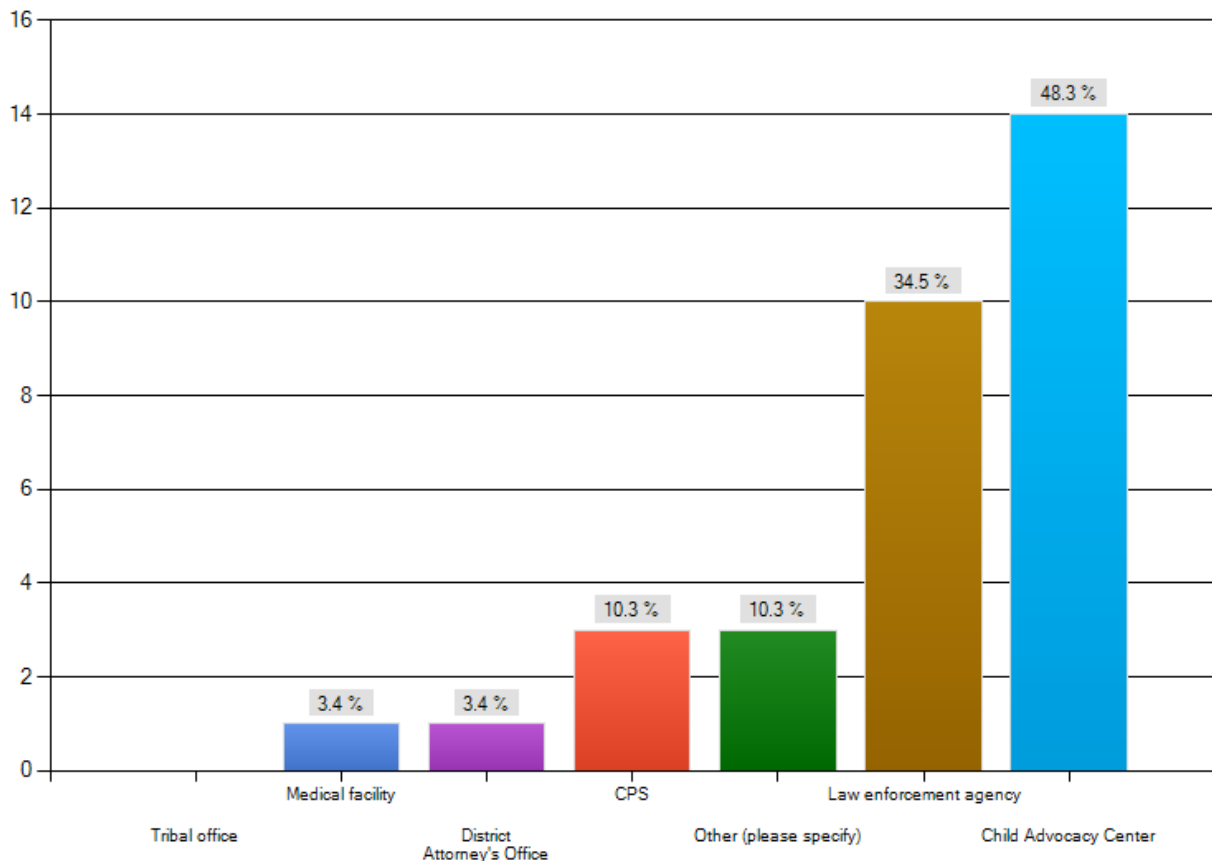
“Other” responses: child advocacy centers in other jurisdictions and the homes of victim’s family members.

SECTION 3: VICTIM INTERVIEWS

Specially Designated Child Interview Rooms

Sixty-one percent of respondents reported having a specially designated child interview room in his or her jurisdiction. Ninety-three percent of these respondents reported that the designated room is developmentally appropriate and child-friendly. Rooms are most often located in a child advocacy center (48%) or law enforcement agency (35%).

Where is your child interview room located?



“Other” responses included: the courthouse, family centers and medical facilities.

Determination of the Location of Designated Interview Room

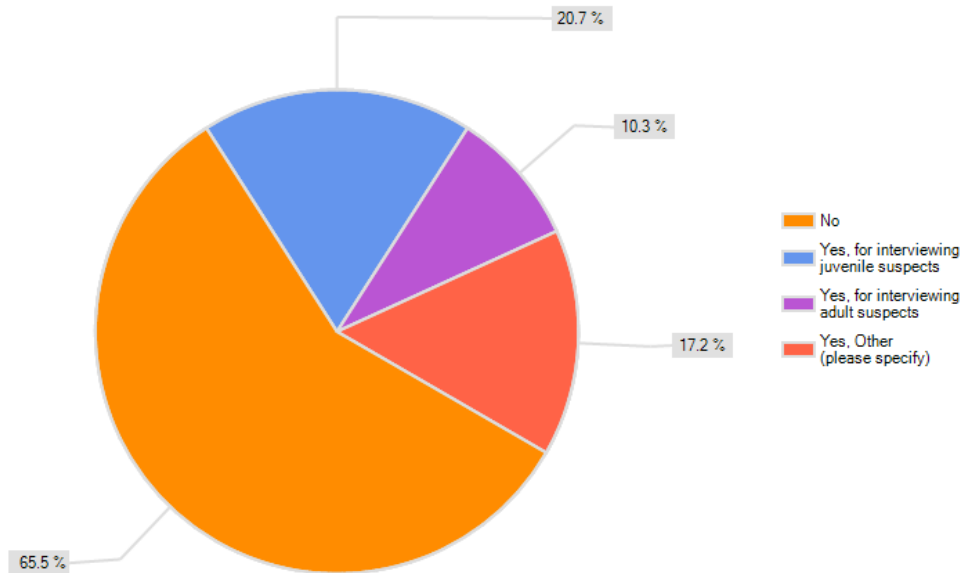
Respondents reported that the location for the special child interview room was determined by: space availability (30%); it was planned when a building was being built or renovated (22%); the multidisciplinary team made the location decision (17%); proximity to resources and staff (17%); or it was included as part of a child advocacy center.

SECTION 3: VICTIM INTERVIEWS

Other Uses of Designated Room

Most respondents do not use the designated child interview room for other purposes but those who do report using it to interview suspects and developmentally disabled adults.

Do you ever use the room for purposes other than interviewing children?



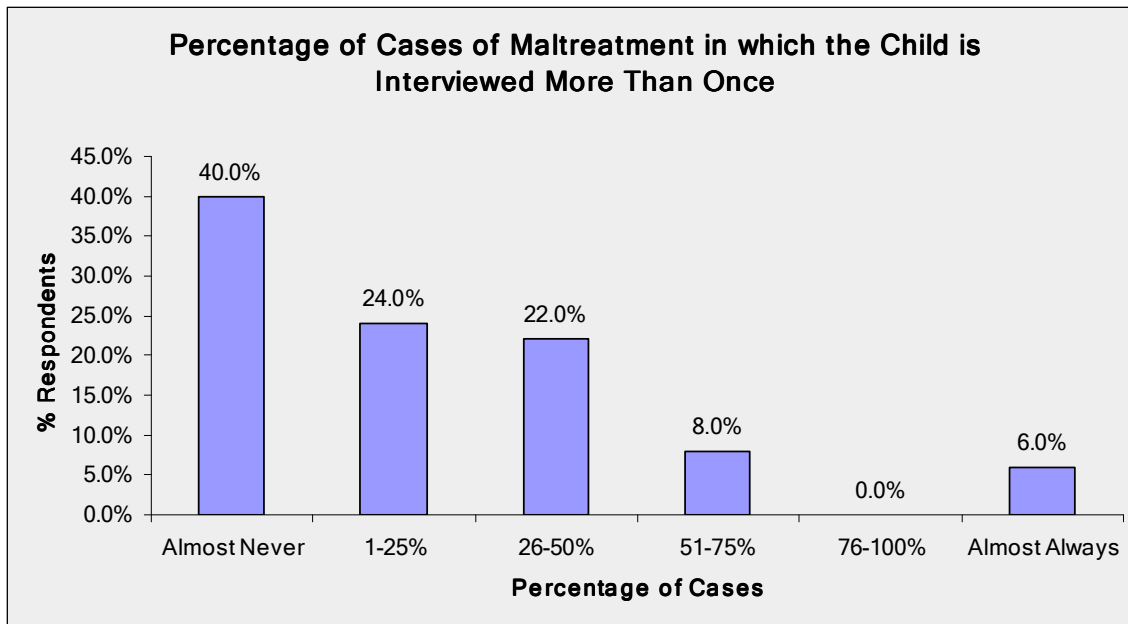
All respondents with a special child interview room take some type of precautions to maintain the privacy, safety and integrity of the room.

What precautions, if any, do you take to protect the privacy, safety and integrity of the room?	Response Percent
None	0.0%
Child interviews are given priority for the use of the room	58.6%
It is arranged that the child and suspect will not have contact	55.2%
The room is maintained to be child-friendly (furnishings, etc.)	69.0%
"Other" Responses:	
Suspects are never brought into the facility that houses the room; the room is sound proofed and not near any other offices; the room is not ever used for any other purpose.	20.7%

SECTION 3: VICTIM INTERVIEWS

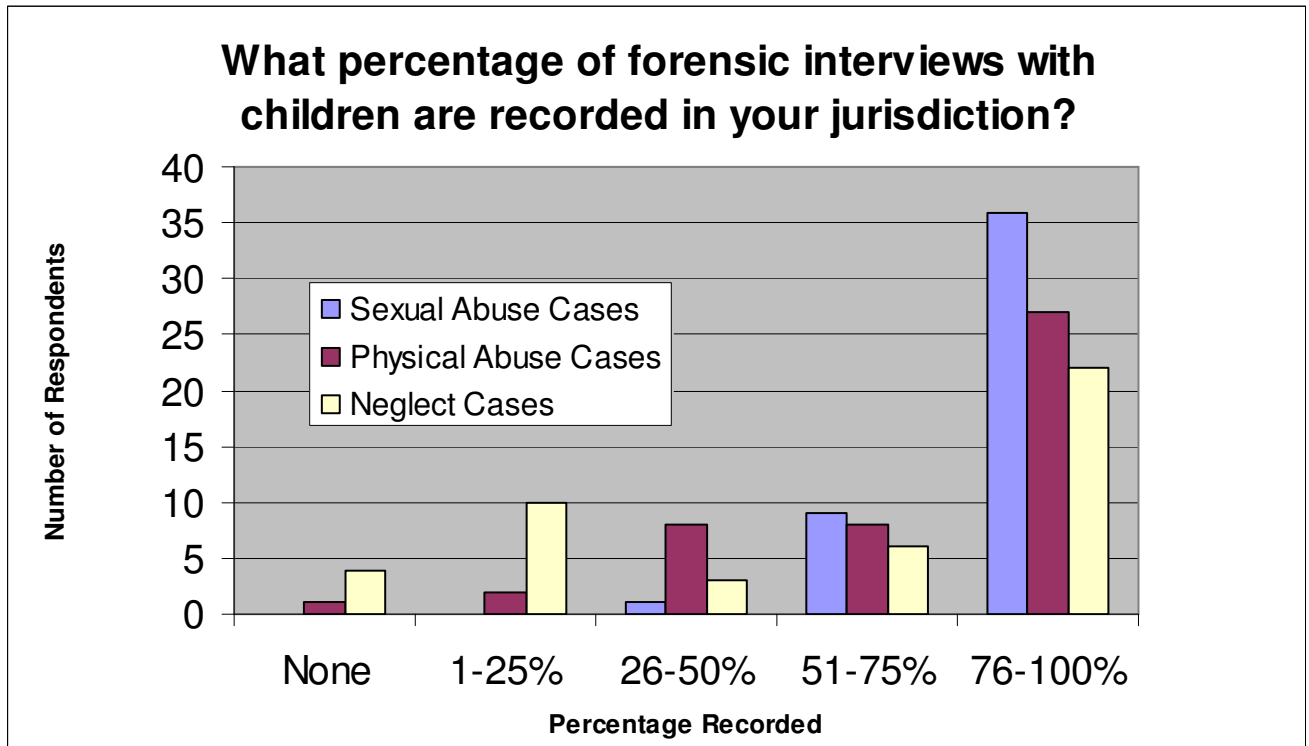
Multiple Interviews of Children

Respondents report a low incidence of interviewing child victims more than once. Nearly two-thirds of respondents indicated that multiple interviews occur in less than 24% of all maltreatment cases. Three respondents reported that multiple interviews “almost always” occur in their jurisdictions.



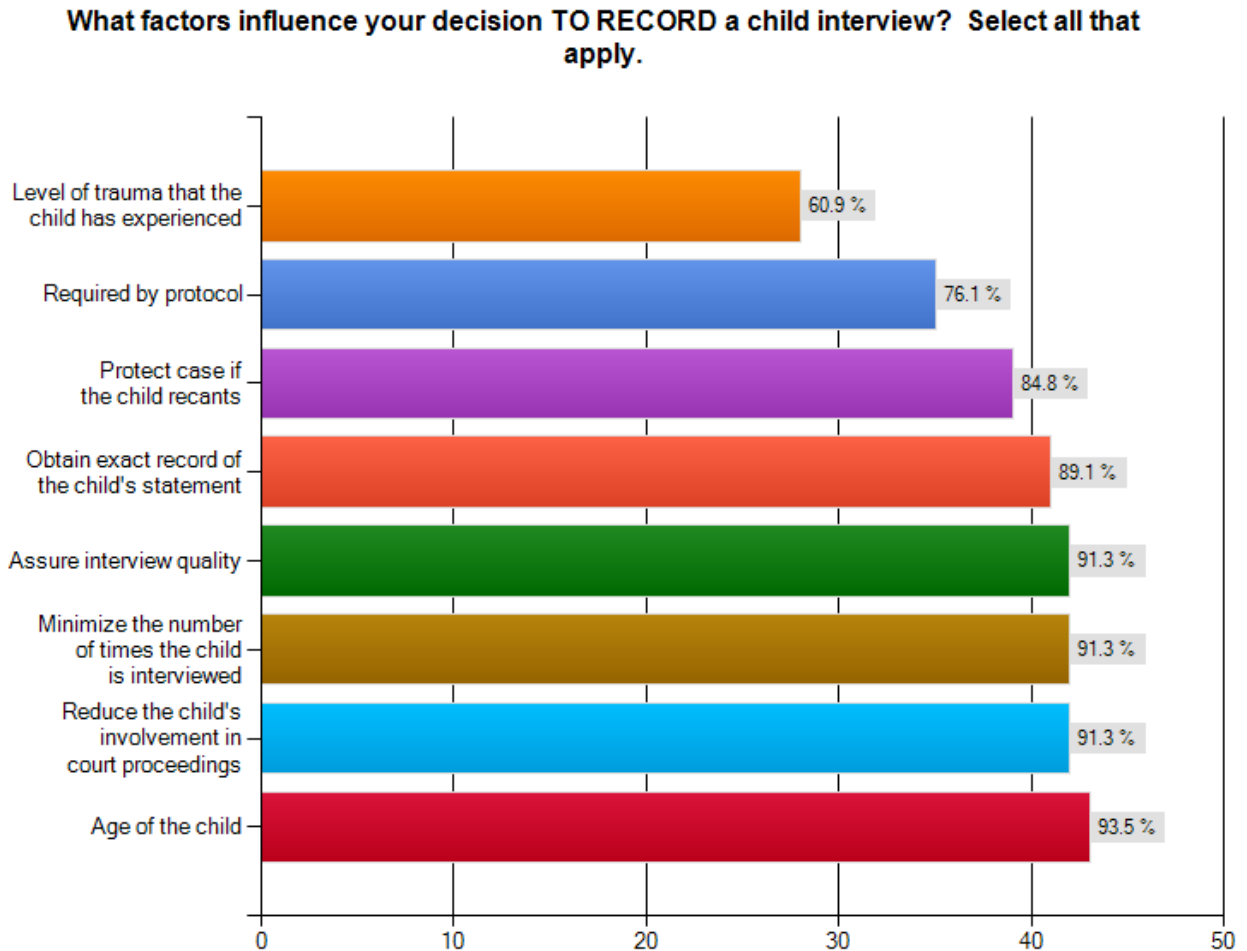
SECTION 4: RECORDED INTERVIEWS

The frequency with which child forensic interviews are recorded varies greatly according to the type of maltreatment being investigated. Interviews with victims of sexual abuse are much more likely to be recorded than interviews with victims of neglect. However, respondents reported a much higher percentage of recording neglect case interviews than past survey respondents. Seventy-eight percent of respondents record at least three-fourths of all forensic interviews with victims of child sexual abuse. That percentage drops to approximately 60% for physical abuse cases and to 49% for victims of child neglect.



SECTION 4: RECORDED INTERVIEWS

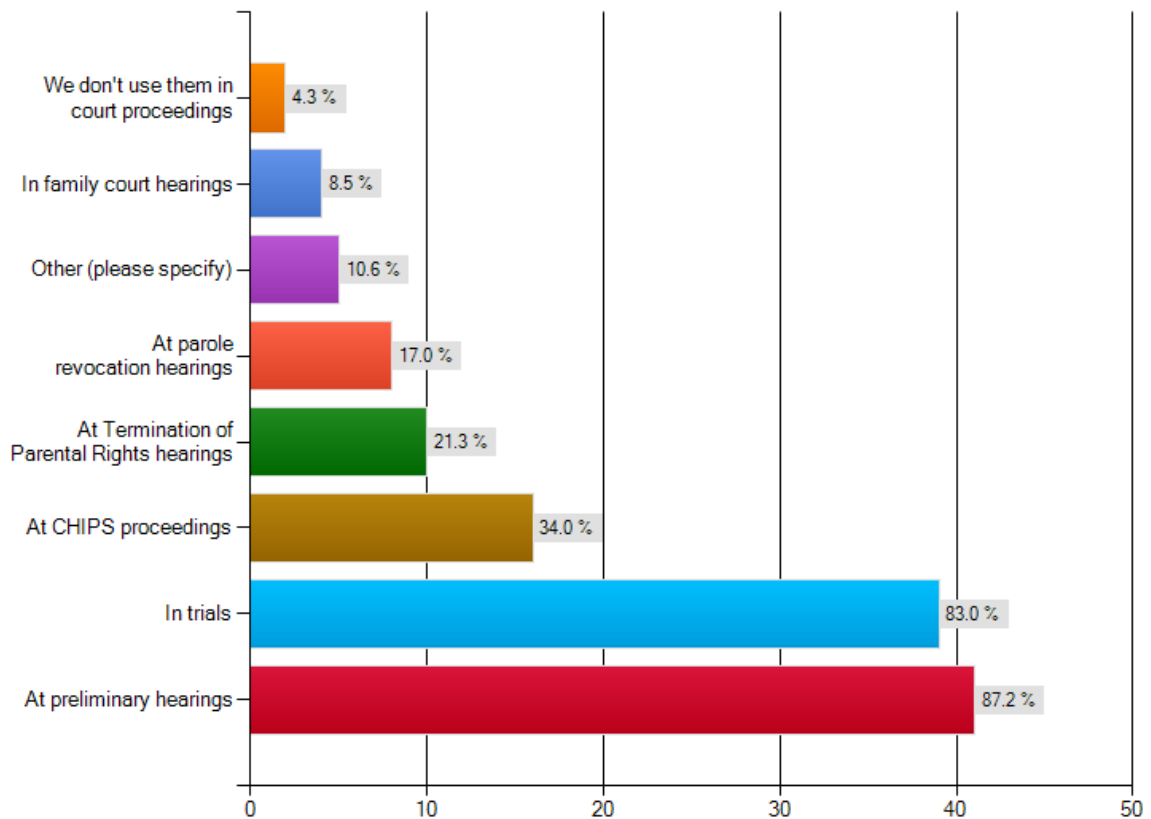
The decision to record a child interview is driven by many factors. Frequently cited considerations include the age of the child (95%); to reduce the child's involvement in court (91%); minimize the number of interviews (91%); assure a quality interview (91%) and to obtain a record of the statement (89%).



SECTION 4: RECORDED INTERVIEWS

Most respondents use recorded interviews in court proceedings, most commonly at preliminary hearings and trials.

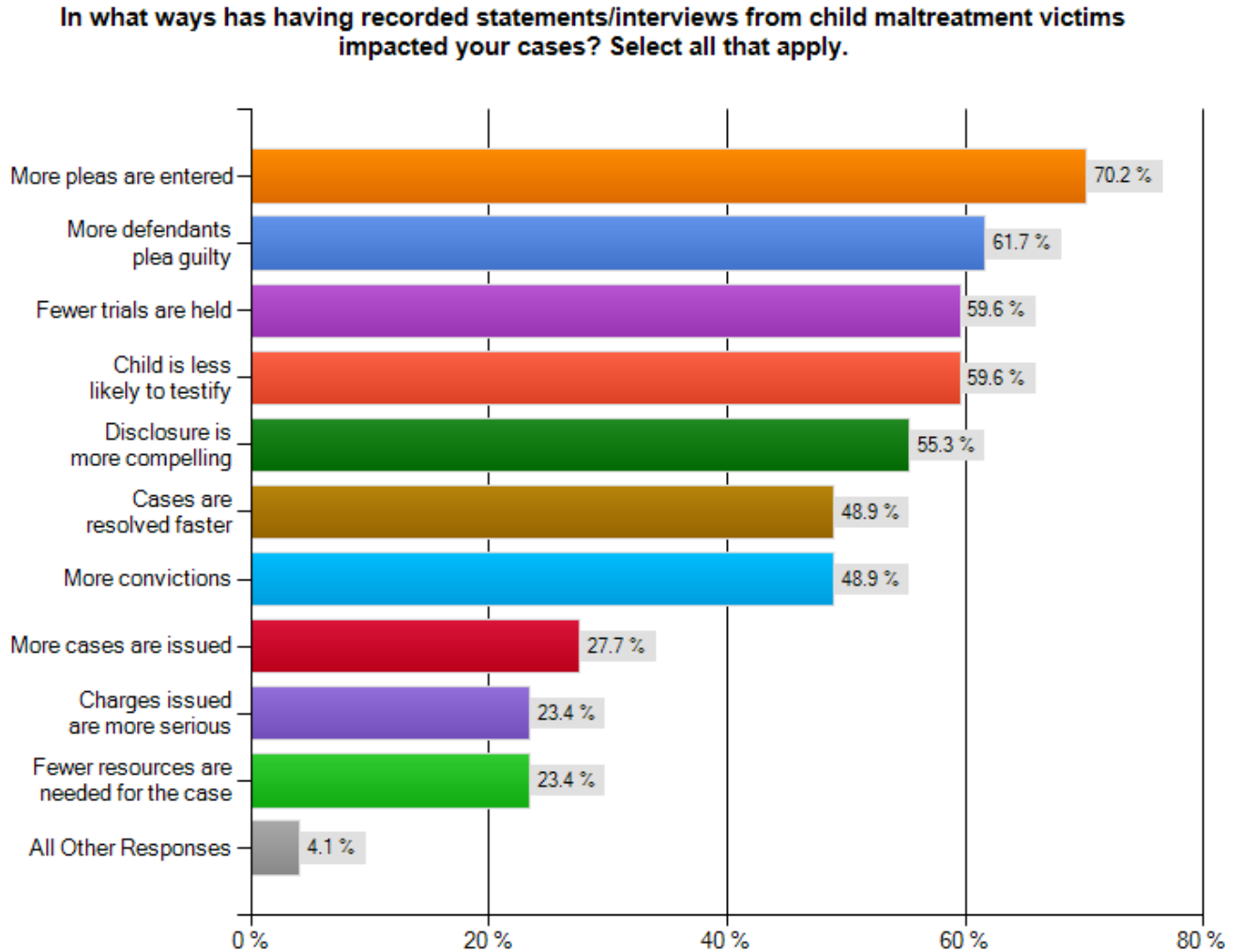
How do you use recorded child interviews in court proceedings? Select all that apply.



In addition to the uses above, respondents reported using recorded statements in restraining order hearings (1), probation revocation hearings (1) and sentencing hearings (2).

SECTION 4: RECORDED INTERVIEWS

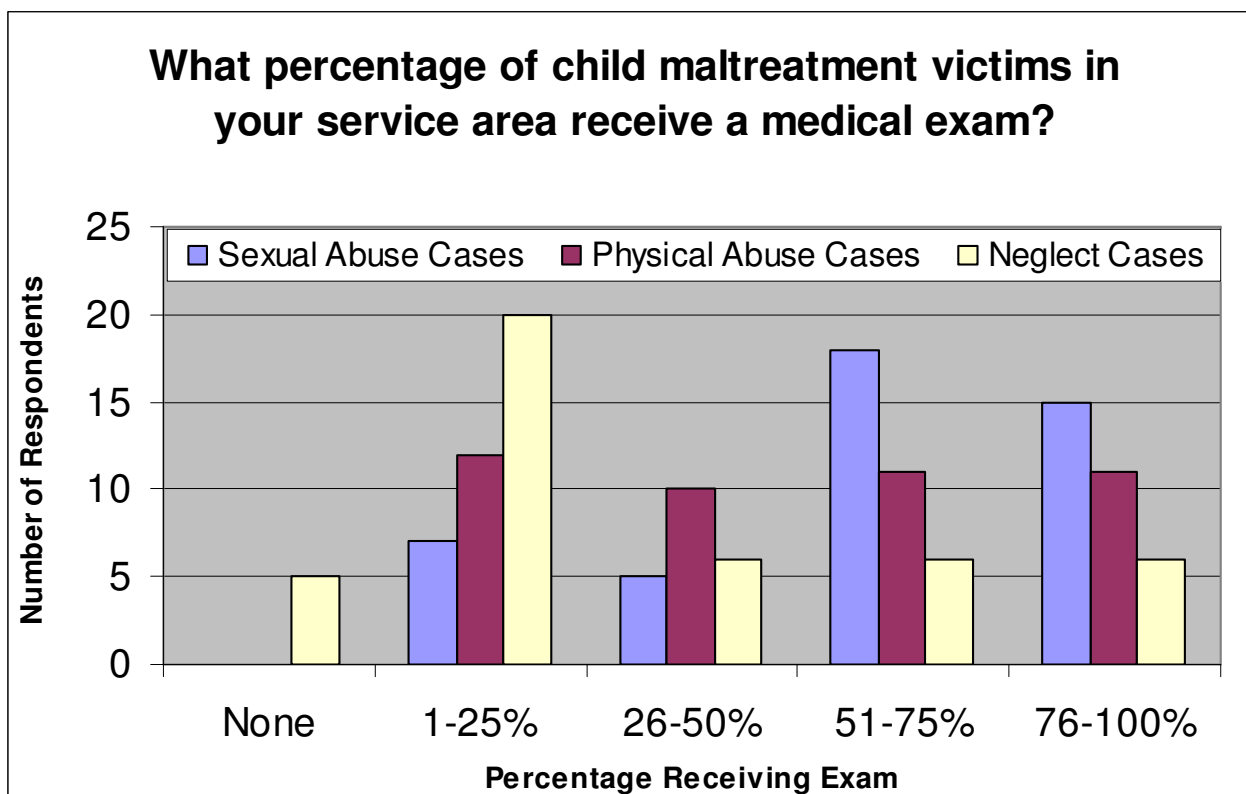
Having recorded statements from child maltreatment victims has had a positive impact on court cases, according to most respondents.



“Other” responses included: Improved the quality of multidisciplinary work; fewer preliminary hearings need to be conducted; and that the impact varies with the quality of the interview (for better and for worse).

SECTION 5: MEDICAL EXAMS

Respondents reported that victims of sexual abuse receive medical exams more frequently than victims of neglect or physical abuse. Responses regarding the frequency of exams for physical abuse victims were nearly evenly distributed among the choices. In contrast, the majority of the responses related to neglect cases were grouped in the lowest frequency choices while the majority of responses related to sexual assault cases were grouped in the highest frequency choices.

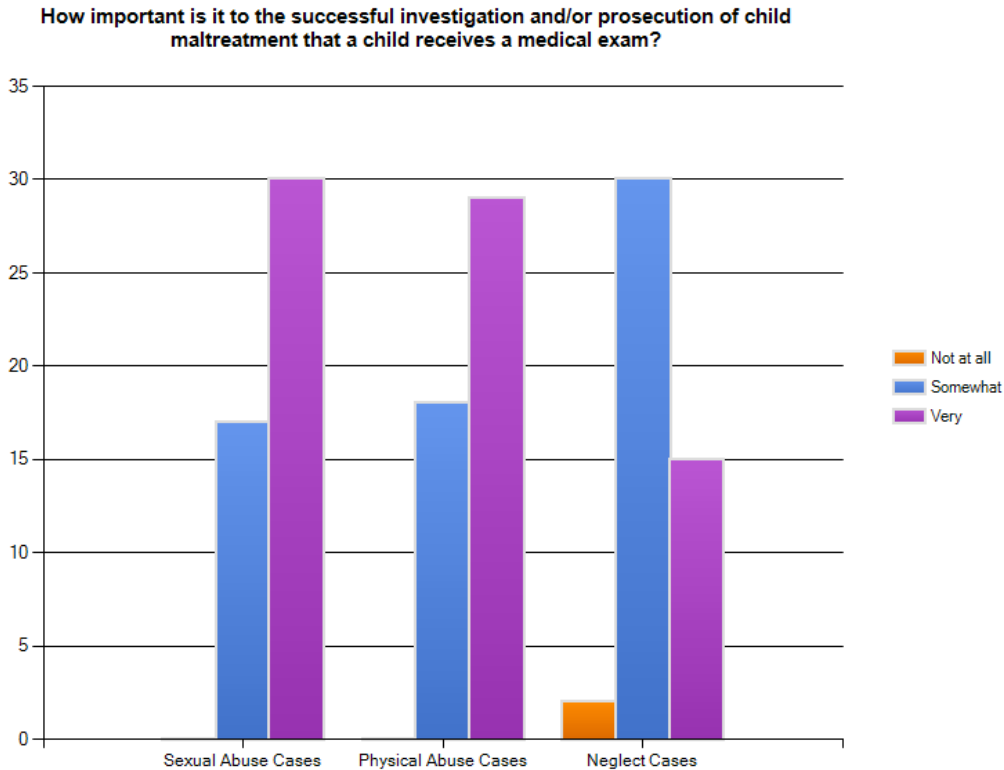


Percentage of Respondents that Report Exams Performed in at Least Half of All Cases

Child Sexual Assault Cases: 73%
Child Physical Abuse Cases: 50%
Child Neglect Cases: 28%

SECTION 5: MEDICAL EXAMS

Approximately 60% of respondents believe it is very important to a successful investigation and prosecution of child maltreatment that victims of sexual and physical abuse receive a medical exam. Only 30% assign the same priority to such exams in neglect cases.



Reasons a Child Might Not Receive an Exam

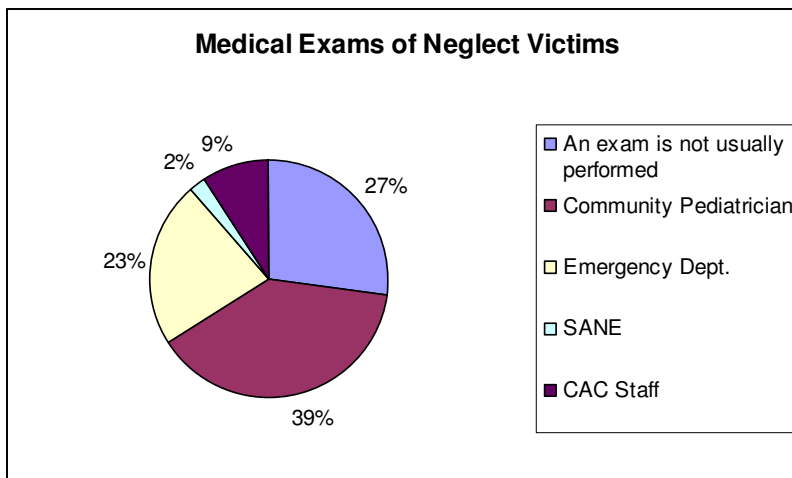
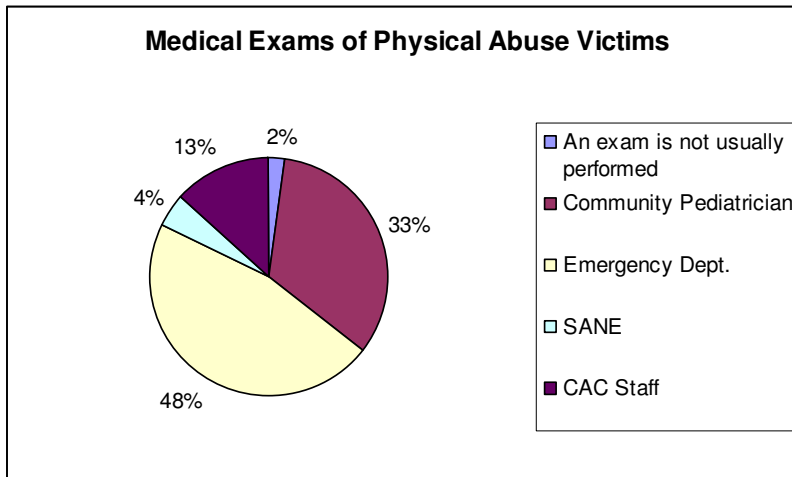
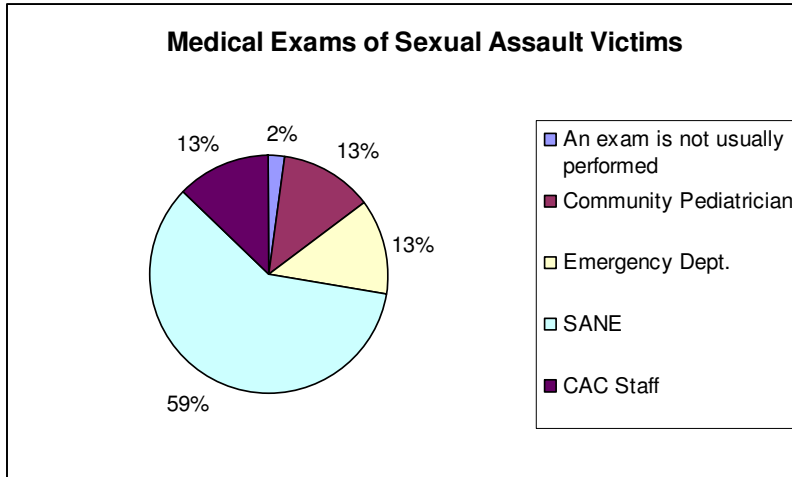
Forty percent of respondents indicated that the most common reason a child might not receive a medical exam is because delayed reporting reduces the relevance of an exam at the time of investigation. The second most commonly cited reason a maltreatment victim might not receive a medical exam was that an exam was unnecessary due to the nature or severity of the injury or lack of visible injuries to the child (25%). Other reasons cited include: Parent/Guardian refusal to consent (15%); poor investigation (6%); medical personnel will not conduct an exam if a child objects (4%); and lack of availability of medical facilities or personnel (4%).

Providers of Medical Exams

Respondents reported that medical exams for sexual abuse victims are most frequently conducted by SANE staff. Exams in physical abuse cases are more frequently conducted in the emergency room. Exams in neglect cases are not likely to occur at all according to 27% of respondents, but when they do they are more frequently conducted by a community pediatrician.

SECTION 5: MEDICAL EXAMS

Providers of Medical Exams in Child Maltreatment Cases



SECTION 6: TRAINING AND RESOURCES

When asked what type of training (and to whom) and/or resources would make a significant positive impact on the investigation and prosecution of child maltreatment in their jurisdiction, respondents provided a varied list of needs. Common themes included the need for more forensic child interviewing training across all disciplines but especially for law enforcement. There were also several comments related to the need for specialization of prosecutorial, medical and law enforcement staff to better respond to child maltreatment cases. Responses are categorized and listed below:

Resource Needs:

- More prosecutors; specialized prosecutors;
- Improved access to, and better, SANE programs;
- Local child advocacy center; more victim-witness specialists;
- Public education about the dynamics that can lead to abuse and neglect.

Law Enforcement Training Needs:

Training needs of law enforcement identified by respondents included:

- Forensic interviewing;
- Teach patrol officers what to look for in the home and how to respond to possible maltreatment cases;
- Report writing techniques;
- How the court process works; what prosecutors need to prove a child maltreatment case;
- Child interviewing training for first responders and second/third shift officers;
- Child death scene investigation;
- Have investigators specialize in child maltreatment but train all officers on child maltreatment issues.

Medical Providers:

Respondents reported a need for more specialized local medical staff and sexual assault exam providers. Respondents identified the following training issues for medical staff:

- How to recognize abuse and neglect;
- Understanding the duty to report;
- Forensic interviewing training for emergency room personnel.

SECTION 6: TRAINING AND RESOURCES

Child Protection Workers:

Respondents noted that more training is needed for social workers concerning the value of a recorded forensic interview and the value of using a child advocacy center to conduct interviews.

Court Process:

Respondents identified the need for judges to understand more about the dynamics of sexual assault; for prosecutors to be trained about legal issues related to using a videotaped statement; and for experts to explain delayed reporting in court.

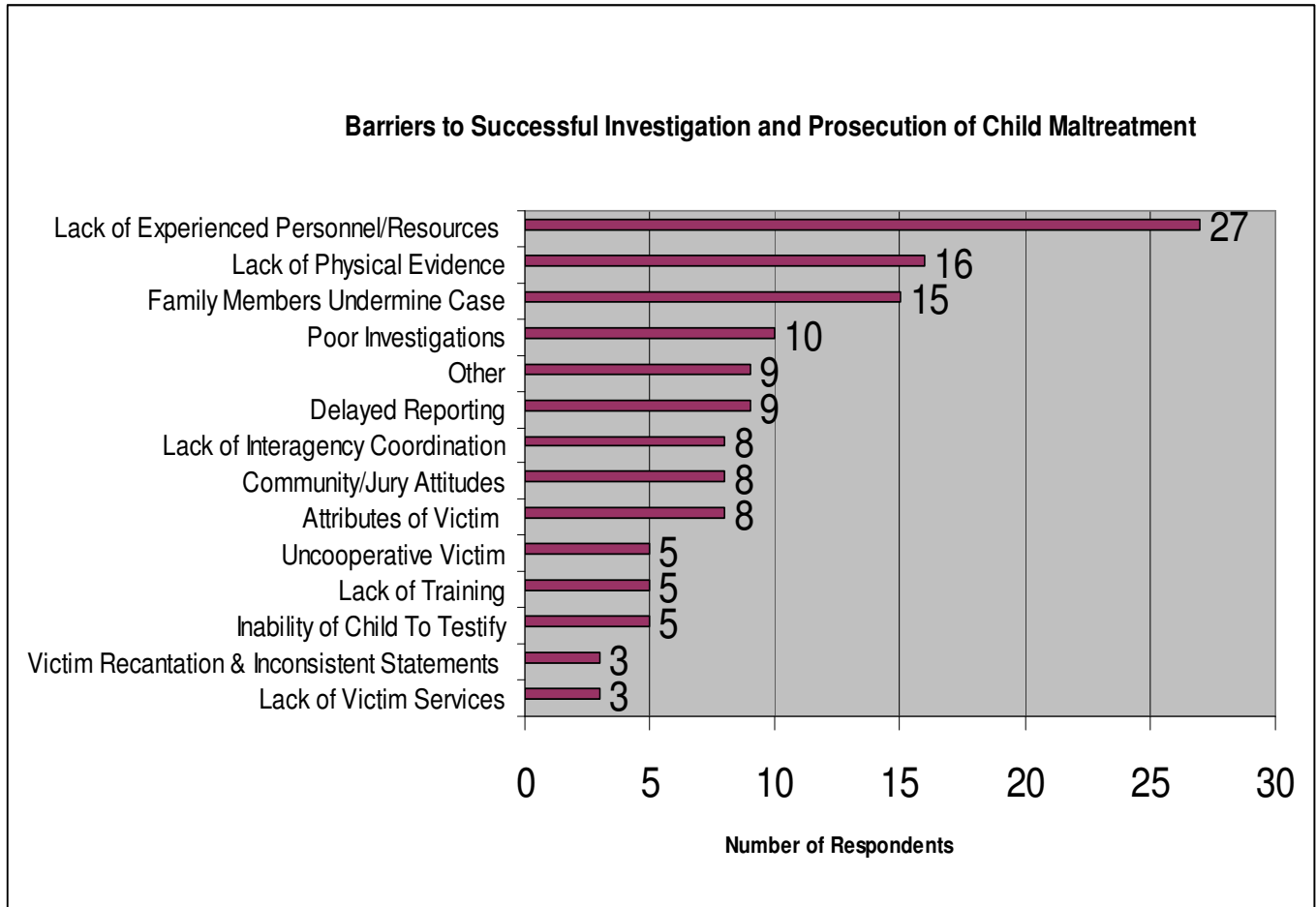
Multidisciplinary Team Issues:

Respondents listed needs related to improving the coordination of the investigation and prosecution of child maltreatment, including:

- Convince more team members to use the child advocacy center;
- Develop a better working relationship with area hospitals;
- Provide forensic interviewing training to all members of the group;
- Improve protocol for child neglect death investigation;
- How to coordinate cases involving drug endangered children;
- Training about the importance of following the team protocol;
- Improve protocol for responding to neglect related to drug-endangered children.

SECTION 7: BARRIERS TO INVESTIGATION AND PROSECUTION

When asked to identify the top three barriers to the successful investigation and prosecution of child maltreatment in their jurisdictions, respondents provided a variety of responses, categorized below. The most common response, cited by nearly 60% of respondents was a lack of experienced personnel resources. Thirty-four percent cited lack of physical evidence; 32% interference by family members; 21% poor investigations; and 19% cited delayed reporting by victims.



“Other” responses included: lack of cooperation or expertise within the medical community (3); laziness (1); weak statutes (1); social workers try to avoid testifying (1); statements are not recorded (1); and lack of knowledge within the judiciary (1).

This report in its entirety is available online at www.doj.state.wi.us/cvs