

The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insights from Frontline Child Protection Professionals

Executive Summary

Two years ago, community leaders and child protection professionals from South Carolina approached the National Child Protection Training Center (NCPTC) about conducting a large-scale study of the response of South Carolina systems to cases of child sexual abuse (CSA).

Working with children's advocacy centers (CAC) and other stakeholders, NCPTC selected seven counties we believed were representative of the state as a whole. With the assistance of the CACs, we identified and interviewed 166 child protection professionals including solicitors, law enforcement officers, Department of Social Services (DSS) employees, medical and mental health professionals, juvenile sex offender treatment providers, forensic interviewers, and victim advocates. The professionals were interviewed using a survey instrument consisting of 90 questions divided into 21 categories.

The Metropolitan Studies Institute (MSI) at the University of South Carolina Upstate reviewed the notes of all the interviews and compiled an online survey to assist in determining if the recurrent themes in the onsite interviews were representative of professionals throughout the state. A total of 404 child protection professionals completed the online survey.

In our interviews with front line professionals, there were a number of themes we heard repeatedly and, for the most part, these themes were echoed in the online survey. In this executive summary, and our full report, we attempt to capture the sentiments of these professionals and to offer possible solutions to the issues they raised.

IMPROVING TRAINING AT THE UNDERGRADUATE AND GRADUATE LEVEL

In both the onsite interviews and the online survey, most child protection professionals reported having little undergraduate or graduate training on child abuse. This finding is not unique to South Carolina. Indeed, the United States Department of Justice has issued a report recommending undergraduate and graduate reforms in educating future child protection professionals. Other organizations have also urged the country to move in this direction. To this end, we make the following recommendations:

1. All universities and colleges in South Carolina should scrutinize existing curricula on child maltreatment and, if need be, implement undergraduate and graduate reforms

In the summer of 2012, NCPTC examined websites and course catalogues of South Carolina institutions of higher education and found little evidence that rigorous instruction on child maltreatment is being provided at the undergraduate level. However, USC Upstate has implemented a 21 credit interdisciplinary minor entitled *Child Advocacy Studies* (CAST) that provides intensive hands on learning for future child protection professionals. Although other universities may wish to exceed the curriculum implemented by USC Upstate, we do not believe institutions should go below this standard.

2. Seminars, law schools and medical schools should develop or expand child protection curricula

Seminaries. We recommend that seminaries implement at least 10 hours of training on child abuse. In our extended report, we detail the suggested content of this coursework.

Law schools. South Carolina's law schools are doing some promising work in preparing students for child protection careers. In our report, though, we suggest possible areas for expansion of law school training in the years ahead.

Medical schools. In response to the literature documenting the need to improve medical school training on child maltreatment, the University of Toledo College of Medicine and Life Sciences has implemented a nine- month elective on child maltreatment. Two published studies on this course show not only an increase in the students' ability to recognize and respond to cases of child abuse but also a change in their willingness to report abuse and to make other appropriate referrals. Although medical schools may wish to do more than what has been implemented in Toledo, they should not do less.

3. Child protection employers should actively recruit candidates with adequate undergraduate and graduate training

As undergraduate and graduate institutions continue to reform training on child maltreatment, child protection employers should actively seek these better trained graduates and otherwise reward institutions of higher education for meeting the need of a highly skilled child protection workforce.

IMPROVING TRAINING IN THE FIELD

Although South Carolina has many excellent training programs, not every professional has been able to access quality training on child maltreatment. Many professionals shared with us various barriers to accessing training and offered suggestions for expanded course offerings. Consistent with what we heard from these front line professionals, we have several recommendations.

1. Minimal initial and ongoing training standards

We suggest a base of at least 40 hours of training on child maltreatment for every member of the MDT and at least 10 hours of ongoing training every year a professional works in the field of child protection. With the proliferation of high quality online programs, this standard can be met with little or no expense to the MDT.

2. Emphasis on experiential learning

Many of the child protection professionals we interviewed expressed a strong desire for hands-on training courses such as mock trials, mock crime scene investigations, or mock forensic interviews. One law enforcement officer told us, “I don’t need any more PowerPoint presentations—I don’t remember what’s on the slides. I need trench training.” We agree with this officer and encourage all training providers to emphasize experiential learning. We also suggest that South Carolina child protection professionals have access to at least 15 “hands on” child abuse courses of 2.5 days or longer.

3. A training facility

“Trench training” is best conducted in mock houses, courtrooms, mock medical examination rooms, and mock forensic interview rooms. To this end, child protection professionals may want to combine resources and work with public and private funders to develop a state child protection training facility ideal for experiential learning.

4. A training portal

There are basic child abuse workshops that every member of the MDT should take. The content of these workshops changes very little over an extended period of time. For example, every solicitor needs to know how to cross examine a suspect, deliver an effective closing argument, and prepare a child for court. Rather than offer these workshops at state or regional conferences, South Carolina should have a training portal that can be accessed 24/7 by child protection professionals. Within that portal, there should be sub-portals appropriate for each discipline represented on the MDT—law enforcement, DSS, solicitors, etc. This would be a low cost, efficient manner for ensuring that all child protection professionals have immediate and permanent access to basic training.

5. Addressing the unique needs of rural child protection professionals

By necessity, rural practitioners may not be able to specialize in child abuse. Distance may make it more difficult to access a CAC or even attend an MDT meeting. Accordingly, resource guides and training programs should consistently take into account the unique factors present in these communities and tailor their recommendations accordingly.

6. The next steps

To carry out these recommendations, the Silent Tears Task Force should develop a working committee of representatives from the CACs, solicitors' offices, DSS, medical and mental health professionals, as well as statewide training organizations to develop a plan to make sure training is in place that will allow all professionals in the state to meet these standards. The committee should also provide one or more options for providing experiential learning in a "laboratory" training facility such as is contemplated in this report.

IMPROVING THE COLLECTION OF EVIDENCE

A recurrent theme in the onsite interviews and the online survey is the rarity of collecting corroborating evidence in CSA cases. Many MDT members also said the taking of crime scene photographs in CSA cases is rare. However, the fact we also spoke with professionals who routinely take photos and collect multiple pieces of corroborating evidence shows that, with training, this can be done. The more corroborating evidence a team gathers, the greater the chance to obtain a confession and to resolve a case quickly. Toward this end, we have several recommendations.

1. MDTs should set a goal of taking crime scene photographs in every case of CSA

The sexual abuse of children always occurs in a physical location and, even when the crime took place years ago the location is often still present or, if it is not, family photo albums or other documentation of the crime scene may still be available. One solicitor told us he has crime scene photographs in 80% of his CSA cases and they are extremely helpful at trial. Accordingly, we recommend that, within a year, the taking of CSA crime scene photographs should be the norm.

2. MDTs should set a goal of at least five items of corroborating evidence in every case of CSA

Many experts contend there is corroborating evidence in every case of child sexual abuse and that collecting multiple pieces of evidence should be routine. Indeed, we encountered MDT members in South Carolina who told us they were always able to collect some corroborating evidence and, in many cases, multiple piece of evidence. Accordingly, MDTs should set as a goal the collection of at least five items of corroborating evidence in every CSA case. Achieving this goal may take some training but a number of law enforcement officers in the state are already proving it can be done.

3. MDTs/CACs should set a goal of having the ability to conduct a forensic interview within two hours of a report to the authorities

Many MDT members told us that it may take a week or two before a forensic interview can be conducted. This delay increases the chance a child may be pressured to recant and that corroborating evidence will be lost. It can also impact the ability of the team to get incriminating

statements from the suspect. This is primarily an issue of resources and likely cannot be solved easily or quickly. However, we urge MDTs to establish as a goal the ability to do a forensic interview within two hours and to achieve this goal within five years.

4. Solicitors should increase their role in MDT meetings

From the onsite interviews and online survey, it became apparent that solicitors are often not present at MDT case review meetings. Although some CACs have worked with solicitors to set up separate meetings at the prosecutor's office, we believe the presence of at least one solicitor at all MDT case review or other critical MDT meetings¹ will increase the chance that corroborating evidence is collected. Simply stated, the prosecutor understands better than any other team member what evidence may help him or her make the case in court. Accordingly, a solicitor present at these meetings can help medical and mental health professionals, law enforcement officers, forensic interviewers and other MDT members function in such a way as to maximize the amount of evidence collected.

FROM CRIME SCENE TO TRIAL: RESOLVING CASES MORE QUICKLY

Another recurring theme in both the onsite interviews and online surveys is the frustration many South Carolina child protection professionals have with the time it takes to resolve a child sexual abuse case. Many professionals told us it often takes more than two years for a case to come to trial with some professionals reporting instances in which a case was delayed for three or more years. One law enforcement officer described these delays as “the biggest problem South Carolina faces” and causes “children and families to be beaten down” which, in turn, results in more lenient plea agreements and longer periods of time in which sex offenders are free to offend again.

To address this issue, we suggest the governor of South Carolina appoint a bi-partisan commission of legislators, court administrators, appellate and trial judges, solicitors specializing in child abuse cases, defense attorneys, medical and mental health professionals and, most importantly, child abuse survivors or their families impacted by lengthy court delays. The commission should be charged to develop concrete recommendations to resolve CSA cases within six months of an arrest or filing of charges.

IMPROVING THE ALTERNATIVE OR APPROPRIATE RESPONSE SYSTEM (ARS)

The South Carolina Department of Social Services is unfolding an alternative or “appropriate response system” to provide services to families who are reported as possible cases of abuse but are screened out as low risk. Cases screened out are referred to professionals employed with a contracted program entitled Specialized Alternatives for Families and Youth (SAFY).

There is strong support for the program among the DSS workers we spoke with, and many other MDT members find the program to have some benefits. However, a number of MDT members

¹ For instance, our report discusses the value of having a solicitor at the CAC when a child is receiving a forensic interview.

expressed concern that some cases are inappropriately screened into ARS or are inappropriately retained in the ARS system.

We believe ARS is helping a number of families in South Carolina. However, research suggests there is a risk of improper screening or assessment of child abuse if multiple professionals from different agencies are not engaged in the process. To this end, we have two recommendations for improving the ARS system and building greater MDT confidence in the system.

1. Public policy makers must engage in the debate

ARS represents a fundamental shift in state and national child protection policy. This shift has produced strong debate among child protection professionals throughout the nation. In our report, we summarize the conflicting, often strong views on this subject and urge all leaders to acquaint themselves with the myriad issues involved in the debate.

2. The ARS screening instrument should be reviewed by multi-disciplinary team members and ARS cases should be subjected to MDT case review

We believe the concerns of many MDT members about ARS screening can be addressed through education and by greater involvement of the MDT in ARS cases. Although it may be impractical to have the MDT involved in every ARS case, having a randomly selected number of these cases presented for MDT case review will increase confidence in ARS, will serve as an extra precaution on the screening of these cases, and may add resources to families served in the ARS system. We urge MDT members to explore these possibilities.

DEVELOPING PARTNERSHIPS BETWEEN FAITH AND CHILD PROTECTION COMMUNITIES

In both our onsite interviews and the online survey, child protection professionals noted the importance of faith to many families in South Carolina and the critical role faith leaders can play in protecting children. Unfortunately, these professionals also noted that many sex offenders use religion to their advantage by abusing children in the name of God and convincing the child he or she is the sinful party. When this happens, abused children suffer significant spiritual damage which, in turn, impairs their ability to cope physically and emotionally. Unfortunately, many faith communities are unaware of these dynamics and often lend their support to the offender while further damaging the child victim.

To address these concerns we have several concrete recommendations.

1. Seminary training should include at least 10 hours of instruction on child maltreatment

Our extended report outlines a ten-hour curriculum ideal for seminaries of any faith tradition. The proposed curriculum is already offered in at least two seminaries in the United States and, we believe, would assist future clergy in responding appropriately to instances of child abuse.

2. MDTs and faith leaders should collaborate on church policies

Child protection professionals are best equipped to evaluate the quality of a church child protection policy. Accordingly, we urge MDT members to offer this service to the faith community and for faith leaders to regularly seek this review.

3. Implement a *Chaplains for Children* training program within a year

In our report, we propose a rigorous, five day training program to better equip chaplains to address the spiritual needs of child abuse victims and to work with medical and mental health providers in helping a child heal. Properly trained chaplains may also be able to assist MDTs in myriad additional ways that are also detailed in our report.

4. Within three years implement a *Chaplains for Child Protection Professionals* training program

Although many law enforcement agencies have chaplains to assist officers and deputies, we believe these chaplains would benefit from a training program specifically designed to address the spiritual needs of child protection professionals, particularly the needs of professionals suffering vicarious trauma.

5. The HALOS program in Charleston should be replicated throughout the state

One of the most creative programs in the country for involving faith communities with child protection professionals is located in Charleston, South Carolina. In 1997, a pediatrician by the name of Eve Spratt worked with local churches, synagogues, public policy makers and DSS workers in creating a program called “Helping and Lending Outreach Support” or HALOS.

The concept behind HALOS is simple. Local DSS workers articulate the unmet needs of children and families they are working with and participating churches provide financial or other resources to meet the need. The needs met by HALOS can be as simple as helping cover registration fees for summer camp, or assisting a child in foster care in acquiring a prom dress.

We applaud the HALOS program for its work in three South Carolina counties as well as other states. We suggest that ministerial and other associations of faith leaders in every county in South Carolina form a working group to consider the feasibility of a HALOS program in their communities. In turn, these working groups will need to work closely with local DSS workers and officials to make sure the program is adding meaningful resources to families served by DSS and SAFY.

IMPROVING THE MANDATED REPORTING SYSTEM IN SOUTH CAROLINA

Many of the professionals we spoke with discussed instances of various professionals failing to report suspicions of abuse and suggested that additional training is needed. This information is consistent with a large body of research documenting the reasons many mandated reporters fail

to report and noting that better training improves the quantity and quality of reports. To this end, we have several recommendations.

1. MDTs must increase community awareness of mandated reporter training

Although there is mandated reporter training available throughout South Carolina, there is concern that many reporters are not aware of course offerings. To this end, we suggest all MDT agencies list available training on their websites, social media pages and otherwise actively promote training opportunities.

2. Mandated reporter training for faith leaders and institutions

Many child protection professionals noted that faith leaders are often the least likely to report suspicions of child sexual abuse. Accordingly, we suggest MDTs make a concerted effort to reach faith leaders with training on child sexual abuse as well as reporting obligations.

3. Implement a “two plus ten” plan

We suggest the state adopt as its goal a minimum of two hours of in-person training each year for mandated reporters. Through the Children’s Law Center, South Carolina already has a 7.5 hour course in which law enforcement officers and other members of the MDT can be trained to provide mandated reporter instruction. Although every county can decide the number of trainers it may need, fully utilizing this vehicle can quickly expand the number of qualified instructors available in each community.

We also suggest that the two hours of annual training be supplemented with an additional ten hours of training that mandated reporters can access 24/7 online but must complete every three years. These courses can be included on a training portal accessed with a password provided through the Children’s Law Center or another statewide entity overseeing the project.

The online courses should supplement the onsite training by covering topics not commonly discussed with mandated reporting professionals including recognizing cases of emotional maltreatment, the impact exposure to domestic violence has on children, adverse childhood experience research,² the impact of child abuse on spirituality, and the role of youth-serving organizations in building resiliency factors that assist maltreated children in overcoming trauma.

4. Parents should raise their voices

Parents can play an important role in improving the mandated reporting system by insisting that the day cares, schools and churches their children attend have adequate child protection policies

² See generally, Vincent J. Felitti and Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare*, in RUTH A LANIUS, ET AL, EDS, *THE IMPACT OF EARLY LIFE TRAUMA ON HEALTH AND DISEASE: THE HIDDEN EPIDEMIC* (2010).

and that the workers at these institutions are adequately trained to recognize instances of abuse. If even a small percentage of parents demand this change, change will come.

5. Prosecute egregious cases of failure to report child sexual abuse

It is important to remember that failing to report cases of child sexual abuse is a crime in South Carolina. To the extent MDTs discover that a reporter failed to report clear evidence of sexual abuse, the reporter should be prosecuted and appropriate licensing and other boards notified.

EXPANDING PREVENTION INITIATIVES IN SOUTH CAROLINA

1. A prevention resource guide

A number of professionals expressed an interest in promoting prevention but were unaware of available programs. Some of the professionals suggested the utility of a resource guide to assist them in implementing or aiding prevention initiatives. We believe a resource guide is a good idea and our report offers suggestions for its development and dissemination.

2. Prevention planning

In order to grow prevention initiatives, we suggest that, once a year, an agency in each MDT agrees to host a “prevention planning” day or, if need be, two days. During this event, the MDT would look at typical cases handled in the previous year and ask what, if anything, could have been done to prevent abuse? Perhaps the team noticed an increase in teenage pregnancies and observed that many of these young parents were lacking parenting skills and ended up physically hurting their children. In such a scenario, teenage pregnancy prevention programming or, where pregnancy cannot be averted, public health nurses or parenting classes for young mothers may have made all the difference.

There should also be an open discussion in which MDT members can share their observations over the years and offer thoughts on available programs that may have prevented at least some instances of abuse. From this discussion, the team should select 1-2 prevention initiatives they would like to implement (more than 2 likely becomes too much). A sub-committee should be formed to implement the program within a year.

3. Prevention scouting

Each year, every MDT should assign one or more team members to be “prevention scouts.” Those assigned this honor agree to attend at least one national and as many state conferences as possible with the specific task of looking for evidence based prevention programs that might be a good fit for their communities. Once discovered, the job of the scout is to share these ideas with the local team and community. In this way, the team is constantly being invigorated with fresh ideas for taking prevention to a continually higher plane.

4. Color South Carolina blue

Within five years, every MDT in South Carolina should be able to claim that the counties in which they operate have at least five evidence based child abuse prevention programs. Through annual prevention planning days and active prevention scouting, this goal is readily achievable. The CAC chapter website should have a state map and, when a county has achieved this goal, it should be shaded blue—the color most often associated with child abuse prevention. If policy makers are so inclined, counties meeting this standard should be able to post road signs announcing the designation. It would be breathtaking to drive through every county in South Carolina and, with the crossing of each border, read a sign proclaiming “you are entering a blue county.”

IMPROVING SOUTH CAROLINA’S JUVENILE SEX OFFENDER REGISTRY

Many of the child protection professionals we spoke with expressed concern that South Carolina’s juvenile sex offender registration law may be too harsh and may actually be increasing the risk some children will offend in the future.

With the passage of the Adam Walsh Act, the registration of juveniles 14 and older may be more of a federal issue than a state issue. With respect to younger children, however, we suggest that South Carolina’s judges be given more discretion in assessing future risk and determining the appropriateness of lifetime registration. Since one-third of all child sexual assaults are committed by juveniles, there is also a need to look at additional means to reduce juvenile offenses.

A number of child protection professionals told us that reports of inappropriate sexual behavior among children below the age of 10 are often screened out of DSS unless there is evidence a parent knew of the conduct and failed to protect. There is, however, research suggesting that inappropriate sexual behaviors among young children are often the result of mimicking or sexual abuse. Accordingly, it is important to avoid a bright line rule that screens out or fails to assess cases involving concerning sexual behaviors.

REDUCING VICARIOUS TRAUMA

One law enforcement officer told us “It’s not hearing the kids’ stories that kills you, it is coming in every day and deciding which kids I *can’t* help.” This sentiment was expressed by many of the professionals we spoke with. There is a significant body of research documenting the impact of vicarious trauma on many child protection professionals. Accordingly, we suggest that every agency represented on South Carolina MDTs develop a concrete plan to address this issue. In our report, we offer 14 specific recommendations including mandated vacations, mental health support, manageable caseloads, and periodic rotation out of child abuse units.

THE SILENT TEARS TASK FORCE MUST CONTINUE

The leaders that made this study and report possible must stay engaged in the process to ensure a better future for victims of child sexual abuse. This may include raising funds, promoting policy

reform, and conducting follow up studies. Simply stated, the issuance of this report is not an end to this process but only a beginning.

CONCLUSION: MAKING A VERY GOOD SYSTEM EVEN BETTER

It is important to keep in mind that, in many respects, the child protection system in South Carolina is among the best in the nation. Although the system has many challenges, these are challenges faced by every state. We hope this report will assist the MDTs of South Carolina in meeting these challenges and in making a very good system the envy of the world.