

Lessons from Penn State:

A Call to Implement a New Pattern of Training for Mandated Reporters and Child Protection Professionals

Victor I. Vieth, JD,¹ Mark D. Everson, PhD,² Robert Geffner, PhD, ABN, ABPP,³ Anna Salter, PhD,⁴ Cordelia Anderson, M.A.,⁵ Alan B. Kirk, PhD, LCSW,⁶ Millicent J. Carvalho-Grevious, PhD, MSS, LSW,⁷ Lisa B. Johnson, PhD, LCSW,⁸ G. Anne Bogat, Ph.D.,⁹ Harold A. Johnson, Ed.D.,¹⁰ Betsy Goulet, MA,¹¹ Debra J. Baird, Ph.D.,¹² Jennifer S. Parker, PhD,¹³ Judith A. Ramaley, PhD,¹⁴ Rebecca Paneitz, Ph.D.,¹⁵ Jason P. Kutulakis, J.D.,¹⁶ Basyle J. Tchividjian, J.D.,¹⁷ John D. Schuetze, D.Min.,¹⁸ Pearl Berman, Ph.D.,¹⁹ Maureen McHugh, PhD,²⁰ Barbara Stein-Stover, Ed.D.,²¹ Susan D. Samuel, B.S.,²² Anthony D'Urso, Psy.D.,²³ Helen Cahalane, Ph.D, ACSW, LCSW,²⁴ Michele Knox, Ph.D.,²⁵ Jacquelyn W. White, PhD²⁶

¹Director, National Child Protection Training Center.

²Director, Program on Childhood Trauma and Maltreatment, University of North Carolina-Chapel Hill. Department of Psychiatry.

³President, Institute on Violence, Abuse & Trauma at Alliant International University, San Diego, CA; President, Family Violence and Sexual Assault Institute, San Diego, CA.

⁴Dr. Salter received her Ph.D. in Clinical Psychology from Harvard University and her Master's Degree in Child Study from Tufts. Since 1996, she has served as a consultant to the Wisconsin Department of Corrections. She lectures and consults on sex offenders and victims throughout the United States and is the author of *PREDATORS: PEDOPHILES, RAPISTS & OTHER SEX OFFENDERS* (2004).

⁵President, National Coalition to Prevent Child Sexual Abuse & Exploitation; Founder/Director, Sensibilities Prevention Services.

⁶Director, Social Work and Human Services Department, Kennesaw State University.

⁷Associate Professor Department of Social Work, College of Education, Health & Public Policy Delaware State University.

⁸Assistant Professor of Social Work, Kennesaw State University.

⁹Professor, Department of Psychology, Michigan State University.

¹⁰Professor, Department of Counseling, School Psychology and Special Education, Michigan State University; Co-Director of O.U.R. Children Coalition.

¹¹Adjunct Professor, Child Advocacy Studies, Athens State University.

¹²Dean of the College of Education, Athens State University.

¹³Professor of Psychology, Associate Dean of the College of Arts and Sciences, and Director of the Child Advocacy Studies Program at University of South Carolina-Upstate.

¹⁴President, Winona State University.

¹⁵President, Northwest Arkansas Community College.

¹⁶Co-founder and immediate past president of the Pennsylvania Youth and Solicitors Association.

¹⁷Assistant Professor of Law, Liberty University School of Law. Professor Tchividjian is a former child abuse prosecutor who teaches *Child Abuse & the Law* at Liberty.

¹⁸Professor, Wisconsin Lutheran Seminary.

¹⁹Assistant Chair, Department of Psychology, Indiana University of Pennsylvania.

²⁰Professor of Psychology, Indiana University of Pennsylvania.

²¹Assistant Professor, Shirley M. Hufstедler School of Education, Alliant International University.

²²Member, Board of Directors of the American Professional Society on the Abuse of Children. Ms. Samuel also serves as a member of the steering committee implementing Child Advocacy Studies at New Mexico State University.

²³Associate Professor of Psychology, Montclair State University.

²⁴Principal Investigator, Child Welfare Education and Research Programs School of Social Work University of Pittsburgh.

²⁵Clinical Psychologist, Associate Professor of Psychiatry, University of Toledo College of Medicine.

*"Each child is an adventure into a better life--
an opportunity to change the old pattern and make it new."
--Hubert Humphrey*

Introduction

The recent child sexual abuse scandal at Penn State University,²⁷ in which multiple, well-educated professionals declined to report clear evidence of maltreatment,²⁸ is not an isolated instance. Twenty years of research documents what every child protection professional in America already knows—that most people most of the time won't report even clear evidence of maltreatment or otherwise intervene to save a child.

Although less clear, the Penn State scandal also draws attention to an equally disturbing problem—that even when reports of abuse are made, these reports are often handled ineffectually if not incompetently. According to media reports of the Penn State scandal, investigators and prosecutors did review a 1998 report of inappropriate intimate contact with a boy.²⁹ The alleged perpetrator, Jerry Sandusky, even admitted to two university detectives that he hugged the boy while both were naked and stated “I was wrong. I wish I could get forgiveness. I know I won't get it from you. I wish I were dead.”³⁰ Although this recorded admission of Sandusky's is an incriminating if not out-right confession of indecent contact with a boy,³¹ no charges or additional actions were taken.³²

The inability, even failure of criminal justice authorities to take meaningful action to protect a child is also not an isolated anecdote. Indeed, a large body of research and the universal experience of the nation's child protection professionals confirm inadequate training at the undergraduate and graduate level—a woeful lack of preparation that increases the chances children will fail to be protected or that false accusations will be made.

²⁶ Co-chair, National Partnership to End Interpersonal Violence (NPEIV); Professor of Psychology and Associate Dean for Research at the College of Arts and Sciences, University of North Carolina at Greensboro.

²⁷ See generally, Erik Brady & Jack Carey, *Did Penn State Protect Itself, Rather than Kids?*, USA TODAY at 1A, November 8, 2011.

²⁸ See *Victim 1*, USA TODAY at 1A, 2A November 11, 2011 (summarizing grand jury finding of multiple adults who failed to report even when confronted with strong evidence).

²⁹ *Id.* at 2A.

³⁰ *Id.*

³¹ In Pennsylvania, it is a crime to have “indecent contact” with a child below the age of 13.

PENNSYLVANIA STATUTES § 3126. Indecent contact is defined as “any touching of the sexual or other intimate parts of the person for the purpose of arousing or gratifying sexual desire, in either person.”

PENNSYLVANIA STATUTES § 3101. Even if no additional evidence came forth, Sandusky's admission of “hugging” a boy while both were naked could reasonably be interpreted by a jury as indecent contact for Mr. Sandusky's sexual gratification—hence his intense feelings of guilt, even wishing he was dead.

³² *Victim 1*, USA TODAY at 1A, 2A November 11, 2011.

In the past eight years, the United States Department of Justice has begun to address both of these issues through the rapid development and dissemination of model undergraduate and graduate curricula that will better prepare mandated reporters to fulfill their responsibilities to children and that will also better prepare criminal justice, social work, mental and medical health professionals to respond appropriately to instances of maltreatment. These related reforms will reduce, if not rid the country of “on the job training” as the primary means of educating both mandated reporters and the child protection professionals who investigate or otherwise respond to reports.

This white paper details these reforms—and urges the Department of Justice to continue funding and to even expand these initiatives.

The failure of mandated reporters to report child maltreatment

The Penn State scandal involves multiple adults, many of them well educated and in positions of authority who failed to report to law enforcement officials or take any meaningful action in response to strong evidence of child sexual abuse. As summarized by one national media source:

(T)he 23-page grand jury report is littered with instances in which university officials and other authorities failed to act, effectively allowing the list of victims to grow.³³

The failure of multiple parties at Penn State to report clear evidence of child molestation is not unusual—it is a norm documented by more than 20 years of research. A 1990 study found that only 40% of maltreatment cases and 35% of the most serious cases known to professionals mandated to report were in fact reported or otherwise getting into the child protection system (CPS).³⁴ A study published one decade later found that 65% of social workers, 53% of physicians and 58% of physician assistants were not reporting all cases of suspected abuse.³⁵

In a survey of 197 teachers, these educators were given two hypothetical cases of abuse. In the first hypothetical, the teachers were asked if they would make a report when a student tells them a stepfather has been touching their genitals. In the second hypothetical, the teachers were asked if they would make a report when a student tells them that another teacher was touching their genitals. Only 26% of the teachers said they would report the first instance to the authorities and only 11% said they would report the second incident to the authorities.³⁶

³³ *Victim 1*, USA TODAY at 1A, 2A November 11, 2011.

³⁴ David Finkelhor, *Is Child Abuse Overreported?*, PUB. WELFARE, Winter 1990 at 25.

³⁵ Steven Delaronde, et al, *Opinions Among Mandated Reporters Toward Child Maltreatment Reporting Policies*, 24 CHILD ABUSE AND NEGLECT 901, 905 (2000).

³⁶ Maureen C. Kenny, *Child Abuse Reporting: Teachers' Perceived Deterrents*, 25 CHILD ABUSE & NEGLECT 81, 88 (2001). Journalists are echoing the work of scholars by documenting in mainstream media egregious instances of professionals failing to report unequivocal cases of child abuse. See e.g., Annette

According to this same study, 73% of teachers reported they had *never* made a report of child abuse and those who had made a report averaged only one report.³⁷ This is true even though the teachers in this study averaged 10 years of experience.³⁸ When reports are made, it is typically only to a supervisor.³⁹

The consequences of failing to report

When a report is not made, not only is the abuse of a given child likely to continue, but the chances an offender will violate other children also increases. Sex offenders who have been “caught” abusing a child without a report being made to the authorities or without any meaningful consequences often feel emboldened, giving them a sense of invincibility.⁴⁰

Reasons reporters fail to report

There are several reasons why mandated reporters do not report. Insufficient evidence, lack of certainty that abuse has occurred, the belief a report will cause additional harm, and the need to maintain a good relationship with patients and clients are some of the reasons cited by reporters failing to comply with the law.⁴¹ Ambiguity in some mandated reporting statutes also contributes to underreporting. A survey of mandated reporters in Iowa revealed difficulty in determining whether a given injury was reportable under state law.⁴²

A lack of training may explain the ignorance of some mandated reporters about their obligations. In a 1989 survey of 480 elementary school teachers, 50% said they had not received any in-service training on mandated reporting and most of the teachers were not fully aware of their school’s policies as to the handling of child abuse cases.⁴³ In a 1999 survey of 382 master’s level social workers, pediatricians, physicians, and physician assistants, researchers found that 57% of the respondents had received less than ten hours of training on their obligations as mandated reporters.⁴⁴ In a 2001 study of 197 teachers,

Fogolino, *Teachers who prey on kids: Why they’re still going free*, GOOD HOUSEKEEPING (December 2003) p. 61.

³⁷ Maureen C. Kenny, *Child Abuse Reporting: Teachers’ Perceived Deterrents*, 25 CHILD ABUSE & NEGLECT 81, 88 (2001).

³⁸ *Id.*

³⁹ *Id.*

⁴⁰ Personal correspondence with sex offender treatment provider Anna Salter, Ph.D, November 13, 2011.

⁴¹ Maureen C. Kenny, *Child Abuse Reporting: Teachers’ Perceived Deterrents*, 25 CHILD ABUSE & NEGLECT 81 (2001).

⁴² See Margaret H. Meriwether, *Child Abuse Reporting Laws: Time for a Change*, 20 FAM. L. Q. 141, 142 (1986).

⁴³ *Teachers and Child Abuse*, National Center for Prosecution of Child Abuse UPDATE (American Prosecutors Research Institute, Alexandria, Virginia), October, 1989.

⁴⁴ Steven Delaronde, et al., *Opinions Among Mandated Reporters Toward Child Maltreatment Reporting Policies*, 24 CHILD ABUSE AND NEGLECT 901, 905 (2000). Inadequate training leading to a shortage of quality reports is also a problem in the faith community. The pastoral care department of the Children’s Hospital Medical Center of Akron, Ohio surveyed 143 clergy of numerous faiths and found that 29%

74% said they received “minimal” or “inadequate” preparation in college to prepare them for the work of being a mandated reporter and 58% said they were receiving minimal or inadequate training on child abuse once they entered the field.⁴⁵

In the case of the Penn State scandal, inadequate training of mandated reporters may have played a role in the failure of many adults to disclose evidence of abuse to the authorities. In a survey of 1,400 mandated professionals from 54 counties in Pennsylvania, 14% said they had *never* received mandated reporter training.⁴⁶ Another 24% said they had not received mandated reporter training in the past five years.⁴⁷ The professionals that had received training on their obligations as mandated reporters, may not have received quality training. Approximately 80% of the respondents to the survey said the training was not approved for continuing education units or they were uncertain.⁴⁸

Even if a reporter is not ignorant about his obligations, other factors come into play. Physicians often worry about the effects of an unfounded report on their private practice.⁴⁹ In small towns, patients may be reluctant to visit a physician who has previously reported abuse, particularly if the report is viewed as frivolous.⁵⁰ Although the identity of a reporter is to be handled in confidence, small-town life is such that the identity of the reporter can often be detected.⁵¹

Some skilled reporters recognize that child protection investigators must prioritize the reports received and may be able to respond to only the most serious. Recognizing this, some reporters may not call in a suspicion of abuse because it is believed no action can be taken.⁵²

believed that actual evidence of abuse, as opposed to suspicion was necessary before a report could be made. The same study found that only 22% of the respondents were required by their denomination/faith group to receive child abuse training. This study also documented an under-reporting of suspected abuse cases with the most prevalent reason being “lack of trust in Children’s Services Bureaus.” The 143 clergy responding to this survey impact, at some level, the lives of 23,841 children. Daniel H. Grosseohme, *Child Abuse Reporting: Clergy Perceptions*, 7 CHILD ABUSE & NEGLECT 743-747 (1998).

⁴⁵ Maureen C. Kenny, *Child Abuse Reporting: Teachers’ Perceived Deterrents*, 25 CHILD ABUSE & NEGLECT 81, 88 (2001).

⁴⁶ *Mandated Reporter Survey Report*, THE PROTECT OUR CHILDREN COMMITTEE 1, available online at www.protectpachildren.org (last visited November 14, 2011).

⁴⁷ *Id.*

⁴⁸ *Id.* at 2.

⁴⁹ Martha Bailey, *The Failure of Physicians to Report Child Abuse*, 40 U. TORONTO FACULTY L. REV. 49, 55, 57 (1982).

⁵⁰ *Id.*

⁵¹ Victor I. Vieth, *A Strategy for Confronting Child Abuse in Rural Communities*, 28 THE PROSECUTOR 15, 16 (September/October 1994).

⁵² Gail Zellman, *Reducing Underresponding: Improving System Response to Mandated Reporters*, JOURNAL OF INTERPERSONAL VIOLENCE 115, 116-117 (March 1991).

A call for better training of mandated reporters

A number of researchers have recognized the urgent need to improve the training of mandated reporters at both the undergraduate and graduate level as well as when these reporters are in the field.

Commenting on three decades of studies, one team of researchers concluded:

Failure of professionals to report child maltreatment may leave hundreds of thousands of children and their families without needed interventions and at increased risk of further maltreatment. During the past 30 years, several reasons have been consistently found to influence professionals to ignore legal mandates to report suspected child abuse and neglect, including inability to recognize signs and symptoms of child abuse and neglect, misunderstanding State child abuse and neglect reporting laws, and fear of negative consequences resulting from the report. *These concerns maybe easily allayed through increased availability of training programs, implementing educational programs that emphasize potential consequences of reporting, and improving the working relationship with CPS (emphasis added).*⁵³

The inadequate training of child protection professionals at the undergraduate and graduate levels

Even when reports are made, the front line child protection professionals called to respond are often inadequately trained. Over two decades of research documents that this nation's law enforcement officers, social workers, nurses, doctors, prosecutors, judges, and other child protection professionals leave their undergraduate and graduate institutions inadequately prepared to respond to a case of child maltreatment.⁵⁴

In a 2006 study, Winona State University analyzed the web sites of 1,416 university and colleges. These universities offered baccalaureate degrees in criminal justice/law enforcement (393), social work (340), human services (113), nursing (390), medicine (96), psychology (794), sociology (639), and education (105). WSU professors searched these sites using the terms “child maltreatment,” “child abuse and neglect,” “child protection,” “child welfare,” and “child advocacy.” Only 29% (410) of these web sites had *any* course work addressing issues of child maltreatment. Moreover, when course work was offered, it was typically in fields of sociology or psychology—thus leaving the

⁵³ Krisann M. Alvarez, Maureen C. Kenny, Brad Donahue, & Kimberly M. Carpin, *Why are Professionals Failing to Initiate Mandated Reports of Child Maltreatment, and are there any Empirically Based Training Programs to Assist Professionals in the Reporting Process?*, 9 AGGRESSION AND VIOLENT BEHAVIOR 563, 574-575 (2004).

⁵⁴ See generally, Victor I. Vieth, *Unto the Third Generation: A Call to End Child Abuse in the United States within 120 Years (revised and expanded)*, 28 HAMLINE JOURNAL OF PUBLIC LAW & POLICY 1 (2006).

vast majority of child protection professionals with no training at the undergraduate level.⁵⁵

Even when universities had some undergraduate coursework on child maltreatment, the coverage was often cursory. Indeed, not one of the 1,416 universities analyzed had a concentration, much less a minor on child maltreatment.⁵⁶ This research echoes findings by other researchers and commentators.

Reporter Anna Quindlen describes a child protection worker's obstacles as follows:

Their training is inadequate, and the number of workers is too small for the number of families in trouble. Some of the cases would require a battalion of cops, doctors, and social workers to handle; instead there are two kids fresh out of college with good intentions and a handful of forms.⁵⁷

Commenting on his lack of training, social worker Marc Parent said he received "two weeks of solemn discussion on child protective issues, but little on getting a drug dealer to let you into an abandoned building or talking a restless police officer into sticking around until you get through with a case and back into your car."⁵⁸

The problem extends to graduate schools as well. A study of American Psychological Association (APA) accredited graduate programs found that many of the programs "fall far short" of guidelines proposed by the APA for minimal levels of competence in handling child maltreatment cases.⁵⁹ The study finds the lack of graduate training for

⁵⁵ This research was conducted by Dr. Jackie Hatlevig, nursing professor at Winona State University. For further details concerning this study, contact the National Child Protection Training Center at 507-457-2890.

⁵⁶ *Id.*

⁵⁷ Anna Quindlen, *Forward* to MARC PARENT, *TURNING STONES: MY DAYS AND NIGHTS WITH CHILDREN AT RISK* (1996). Many individuals in the general public, as well as those in professions other than social work, use the term "social worker" to describe individuals who work in the child protection field. This is inaccurate and uninformed. Social work is a profession grounded by a specific theoretical orientation, body of knowledge, history, and code of professional ethics. Professional social workers comprise approximately 30% of the child welfare workforce nationwide. Many individuals in the child protection field are not professionally educated and trained social workers. The term "social worker" and "caseworker" are not synonymous. Working in a law firm or a hospital doesn't make an individual a "lawyer" or a "doctor" anymore than working in child welfare makes one a "social worker" if that individual does not have the requisite educational qualifications.

⁵⁸ *Id.*

⁵⁹ Kelly M. Champion, Kimberly Shipman, Barbara L. Bonner, Lisa Hensley, and Allison C. Howe, *Child Maltreatment Training in Doctoral Programs in Clinical, Counseling, and School Psychology: Where Do We Go From Here?*, 8 *CHILD MALTREATMENT* 211, 215 (August 2003). As is true of most child protection professionals, many of our best and brightest psychologists acquired their knowledge through on the job training.

psychology students “contradicts the rapidly expanding literature on responding to maltreatment and the demands of this interdisciplinary, professional endeavor.”⁶⁰

Discussing her educational background, psychologist Anna Salter writes:

In the two years I spent at Tufts getting a Masters degree in Child Study and the five years I spent at Harvard getting a Ph.D. in Psychology and Public Practice, there was virtually nothing on child sexual and physical abuse in any course I took. I had one lecture on the victims of child abuse, but not a single lecture anywhere on offenders. Ironically, many of the lectures were on maladies so rare I’ve yet to see them in twenty years of practice.⁶¹

The training provided to medical professionals is similarly inadequate. When it comes to medical schools, the reality is that “more than 40 years after the diagnosis of battered child syndrome entered the literature, our pediatric residency programs do not have a significant education requirement for preventing, recognizing, or managing child abuse.”⁶² As a result, egregious errors occur. In one study, for example, researchers found that 31% of abusive head trauma cases were not recognized by the physicians who first evaluated these victims.⁶³

Many serious cases of maltreatment are not investigated

When universities and other institutions of higher education fail to teach practical information to the child protection professionals of tomorrow, it means these professionals must learn on the job with the lives of children hanging in the balance. As a result, even cases of severe child maltreatment are screened out of the system with little or no investigation.

Indeed, according to the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), a large percentage of maltreated children *identified* by mandated reporting professionals did *not* receive child protection investigation.⁶⁴ Specifically, only 50% of the nation’s *identified* abused children received child protection investigation and only 30% of the children suffering “serious harm” received child protection investigation.⁶⁵

⁶⁰*Id.* at 215. To improve graduate training of psychologists, the authors recommended “team-taught classes, visiting instructors, and class visits by outside professionals” as “means by which to increase interdisciplinary training without developing entirely new programs.” *Id.*

⁶¹ ANNA C. SALTER, PH.D, PREDATORS 2 (2003).

⁶² Ann S. Botash, *From Curriculum to Practice: Implementation of the Child Abuse Curriculum*, 8(4) CHILD MALTREATMENT 239 (November 2003).

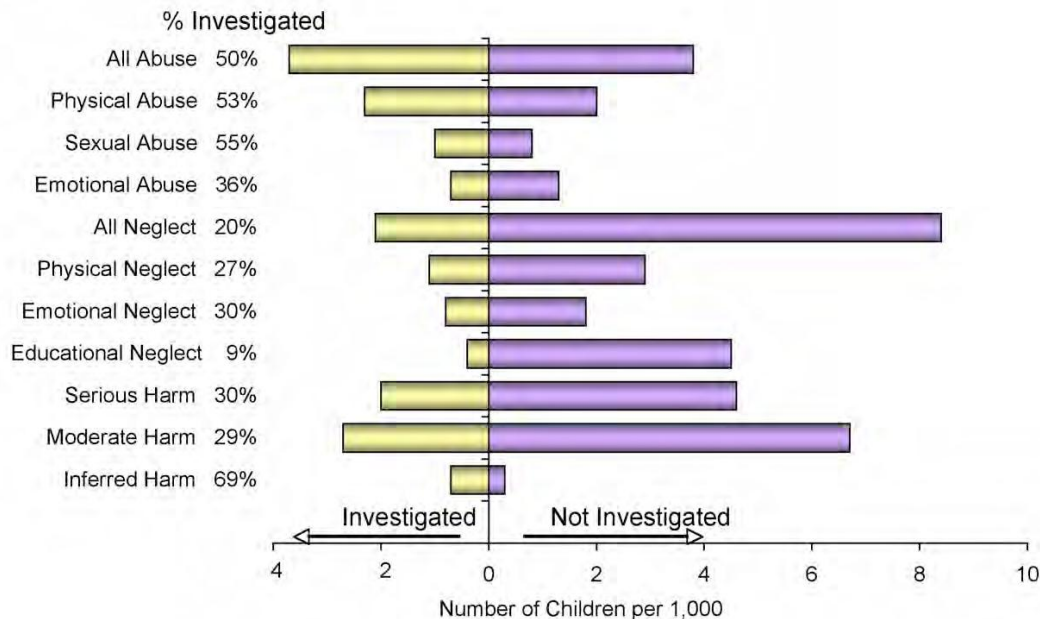
⁶³ Jenny et al., *Analysis of missed cases of abusive head trauma*, 281 JAMA 621-626 (1999).

⁶⁴ The NIS-4 uses “sentinels” to collect data on children they encounter who may have been abused. For this study, the researchers had over 10,000 sentinels from 122 counties. FOURTH NATIONAL INCIDENCE STUDY OF CHILD ABUSE AND NEGLECT (NIS-4), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 2-7, 2-8, 2-9 (2010).

⁶⁵ *Id.*

The NIS-4 researchers labeled “serious harm” cases as those child abuse or neglect cases in which “an act or omission result in demonstrable harm.”⁶⁶

The NIS-4 data are summarized in the following graph taken from the report to congress:



This is not a recent or isolated finding but, rather, a finding that has been found repeatedly over a period of decades. Indeed, researchers note “Throughout its history, the NIS has consistently found that child protective services agencies (CPS) investigate maltreatment of only a minority of the children the NIS identifies.”⁶⁷

Improving the undergraduate and graduate training of mandated reporters and child protection professionals

Teachers, day care providers, foster parents, doctors and others who work daily with young children are on the front lines of the child protection system. If these professionals are ignorant in the detection of abuse or, even if knowledgeable of their obligations, are unwilling to report, most victims will be left unprotected. If the vast majority of these cases are not reported,⁶⁸ we are leaving most child victims to fend for themselves. To correct this problem, two things must happen.

First, every university must teach students entering mandated reporting professions the necessary skills to competently perform this task. Simply put, the United States must end

⁶⁶ FOURTH NATIONAL INCIDENCE STUDY OF CHILD ABUSE AND NEGLECT (NIS-4), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES EXECUTIVE SUMMARY 3 (2010)

⁶⁷ *Id.* at 16.

⁶⁸ See David Finkelhor, *Is Child Abuse Overreported?*, PUB. WELFARE, Winter 1990.

on-the-job training for mandated reporters. To this end, every graduate of every American university that declares a major in a field where they will likely be mandated reporters must receive comprehensive training that equips them for this task. Moreover, the training must be tailored to the professions the students will be entering. We should not, for example, teach future teachers how to do an autopsy but we should teach them about unusual sexual behaviors⁶⁹ or bruising patterns that indicate abuse.

We must also teach ethics to tomorrow's mandated reporters. What should a teacher do, for example, if she suspects abuse and alerts her principal but the principal tells her not to report? We must teach these students to make the report for the sake of the child and to comply with the law. Even if the student takes a position in a state such as Virginia, where simply alerting the principal is sufficient,⁷⁰ we must encourage future teachers to go the extra mile and make the report themselves. They, after all, will have the best and most direct knowledge of the child and the basis for their suspicions.

This is not a pie in the sky proposal. The National Child Protection Training Center is partnering with a prestigious university in Minnesota in implementing this plan.⁷¹ A number of other universities throughout the United States are also moving in this direction.⁷² In targeting the primary reasons mandated reporters fail to report, including ignorance and fear, it is predictable that graduates of this course will make a higher percentage of substantiated reports than others in their profession who have not received this training. Indeed, preliminary research on a version of the curriculum at the University of Toledo College of Medicine has found a significant improvement in the willingness of future doctors to report abuse.⁷³

Second, child protection workers called on to investigate and repair families damaged by abuse must be competent to perform these tasks. Child protection workers routinely report that although college may instruct them as to the prevalence of child abuse, various dynamics that contribute to child abuse, and even offer various theories to address the problem both from inside and from outside the system, that very little instruction is given on the mechanics of investigating a report of abuse and working with a given family to repair or otherwise respond to the impact of maltreatment.⁷⁴ Simply stated, untrained

⁶⁹ See generally ELIANA GIL & TONI CAVANAGH JOHNSON, *SEXUALIZED CHILDREN: ASSESSMENT AND TREATMENT OF SEXUALIZED CHILDREN AND CHILDREN WHO MOLEST* (1993).

⁷⁰ VA. CODE. ANN SECTION 63.2-1509.

⁷¹ The university referenced is Winona State University. For an overview of the extraordinary history of WSU, See R.A. DUFRESNE, *WINONA STATE UNIVERSITY: A HISTORY OF ONE HUNDRED TWENTY-FIVE YEARS* (1985); PETER HENDERSON, *HER STAR SHALL NOT DIM: A SESQUICENTENNIAL HISTORY OF WINONA STATE UNIVERSITY* (2008).

⁷² See Charlotte Tubbs, *State Rethinks Education*, ARKANSAS DEMOCRAT GAZETTE (August 12, 2006) (noting that Linda Beene, the director of the Arkansas Department of Higher Education plans to "inventory current academic programs that address child abuse and spread awareness for the need to train psychology, social work, criminal justice, nursing and education students on this issue.").

⁷³ Michele Knox, Heather Pelletier, & Victor Vieth, *The Effects of Training in Child Advocacy and Child Abuse Prevention and Intervention for First Year Medical Students* (paper submitted for publication October, 2011).

⁷⁴ The National Child Protection Training Center trains as many as 15,000 child protection professionals each year and, from this experience, the Center encounters thousands of professionals lamenting that even

child protection workers are ill-equipped to handle the stress and complexity of a situation such as entering a crack house to rescue an addicted baby. As noted by one commentator, “few colleges and universities...provide training ‘that specifically targets workers who deliver direct services to children and families. As a result, agencies must hire workers who are woefully unprepared for these critical positions and responsibilities.’”⁷⁵

The failure of colleges to provide adequate training leaves many workers disillusioned. Burnout is so common that it is unlikely that any CPS system in the country has a truly knowledgeable, experienced team of investigators.⁷⁶ Although many measures can be taken to address the ongoing stress of working in the field,⁷⁷ we must end the practice of on-the-job training as the primary source of education for child protection professionals. No child’s life should be placed in the hands of someone who is inadequately prepared for the task.

Child Advocacy Studies Certificate and Minor

Winona State University developed a three course Child Advocacy Studies (CAST) certificate program as well as an interdisciplinary minor certified by the Minnesota State College and University System (MNSCU). This curriculum has now been implemented at twenty-two universities⁷⁸ with some universities implementing the curriculum as a minor or even graduate program.⁷⁹ The curriculum is based on an outline originally published in

the most basic skills necessary to respond to cases of child abuse are not provided at undergraduate or graduate institutions.

⁷⁵ Kristen Kreischer, *Burned Out*, CHILDREN’S VOICE (July/August 2002) available online at www.cwla.org/articles/cv0207burnedout.htm

⁷⁶ *Id.*

⁷⁷ See Amy Russell, *Vicarious Trauma in Child Sexual Abuse Prosecutors*, 2(6) CENTERPIECE (2010) (a publication of the National Child Protection Training Center); Victor I. Vieth, *When Days Are Gray: Avoiding Burnout as Child Abuse Professionals*, 14(4) UPDATE (2001) (published by NDAA’s National Center for Prosecution of Child Abuse, Alexandria, VA).

⁷⁸ These universities are: Winona State University (MN), Montclair State University (NJ), Kennesaw State University (GE), University of Pittsburgh (PA), University of South Carolina-Upstate, Wilmington University (DE), Oklahoma City University, Michigan State University (first course planned for 2012, with plans for certificate to follow), University of Wisconsin-Platteville, Missouri State University, Athens State University (AL), Northern State University (SD), University of the District of Columbia, Judson University, New Mexico State University, Northeastern Illinois University, Arkansas State University, Northwest Arkansas Community College, Liberty University (CAST approved but not yet taught), University of Toledo (implemented CAST at the medical school), Florida Institute of Technology, and Alliant International University in San Diego, California (CAST classes will begin in the Spring of 2012).

⁷⁹ Montclair State University in New Jersey, for example, offers a post BA “certificate in child advocacy” for child protection workers and a Master of Arts in Child Advocacy with an optional concentration in child public welfare. This master’s program provides students with knowledge of mandated reporting laws, investigative techniques including the child interview, and legal issues surrounding these cases. Reflecting the multi-disciplinary nature of child protection work, the faculty is drawn from diverse fields. See Robert H. McCormick, *The Master of Arts in Child Advocacy: A Contribution to an Emerging Discipline*, 12 (3/4) JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 149 (2006).

the Journal of Aggression, Maltreatment and Trauma.⁸⁰ That outline called for three essential courses and a series of electives:

Child Abuse 101: The Mandated Reporter Training Course

This full semester course is designed for anyone who may be a mandated reporter or anyone who wants a deeper appreciation of recognizing and responding to cases of child abuse. The course details the legal and clinical definitions of all forms of maltreatment and assist students in recognizing potential signs of abuse. The course also assists students in understanding the child protection system. The course also teaches students ethics. What, for example, should a future teacher do if state law only requires her to report maltreatment to a supervisor and yet she knows the supervisor will never make a report of abuse? Fear of losing a job or other consequences deters some reporters from calling the authorities. In the Penn State case, a janitor reportedly witnessed Sandusky performing oral sex on a boy in the Penn State showers but he and other workers did not call the police out of fear of losing their jobs.⁸¹ Accordingly, it is critical to help potential reporters understand the statutory and other protections afforded those who report.

Child Maltreatment Investigations

This interdisciplinary course teaches future social workers, law enforcement officers, psychologists, nurses and other professionals to work together in fully assessing and responding to a report of maltreatment. Students are taught to interview children, suspects and non-offending caretakers. Students are taught to find corroborating evidence and to testify in courts of law. Students are taught to conduct traditional MDT investigations as well as alternative or differential response assessments.⁸² Students conduct numerous, hands on exercises.

Child Maltreatment Responses

When confronted with child maltreatment, students are taught the art and science of meeting the needs of maltreated children and repairing families when possible. Students are also taught to identify factors contributing to maltreatment and to develop community prevention programs.

Electives

In completing a minor, students can choose from a wide variety of courses pertaining to the trafficking of children, the correlation between poverty and some forms of maltreatment, and gender and interpersonal violence.

⁸⁰ Victor I. Vieth, *Unto the Third Generation: A Call to End Child Abuse in the United States within 120 Years*, 12 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 5 (2006). A revised version was published in volume 28 of the HAMLINE JOURNAL OF PUBLIC LAW AND POLICY 1 (2006).

⁸¹ *Victim 1*, USA TODAY, 1A, 2A, November 11, 2011.

⁸² See e.g. NATIONAL STUDY OF CHILD PROTECTIVE SERVICES SYSTEMS AND REFORM EFFORTS (U.S. Department of Health and Human Services, Washington, D.C., U.S. Government Printing Office, 2003).

Progress in reforming undergraduate training of child protection professionals

As previously stated, a three course model consistent with this outline has already been developed at Winona State University (WSU). The courses are designed for criminal justice, social work, nursing, education, psychology and other disciplines who may work as part of a multi-disciplinary team.⁸³ Preliminary research on the Child Advocacy Studies (CAST) curriculum conducted by the university is promising.⁸⁴ WSU expanded the curriculum into a minor in 2007.⁸⁵ An outline of the Winona State University Child Advocacy Studies minor is attached as “Appendix A.”

Montclair State University in New Jersey has also adopted a model curriculum consistent with the course content proposed in this article.⁸⁶ To ensure its curriculum addressed the needs of front line professionals, Montclair State University worked closely with New Jersey’s Division of Youth and Family Services (DYFYS) and other child welfare experts.⁸⁷

With funding through the United States Department of Justice, more than 50 universities have attended conferences at Winona State University to learn more about implementing a CAST certificate or minor program. As of this writing, 22 universities have implemented an undergraduate or graduate Child Advocacy Studies program.⁸⁸

⁸³ For more information about the CAST curriculum, visit WSU’s on line course descriptions at: <http://www.winona.edu/coursecatalog/ChildAdvocacy.asp>

⁸⁴ Winona State University has conducted examinations of students at the beginning of the CAST courses and again upon completion of the courses. This research shows a dramatic improvement in the knowledge of students who complete the courses. Students, themselves, acknowledge a dramatic improvement in their knowledge after completing only the first of the three courses. After the first class, for example, students were asked: “When I started this class I knew (0 very little; 10 a great deal about child maltreatment).” The answers ranged from 0-8 with the mean at 5.1, the median at 5 and the mode at 5. When asked their knowledge base after completing just the first course, the students had a range of 8-10 with the mean at 9.3, the median at 9 and the mode at 10. For additional information about the research being conducted on the CAST curriculum, contact the National Child Protection Training Center at (507) 457-2890.

⁸⁵ Winona State University plans on adding a course exploring the impact of poverty on child abuse and a second course addressing child sexual exploitation. The latter course will address on-line crimes against children, the prostituting of children, and child pornography.

⁸⁶ See Robert H. McCormick, *The Master of Arts in Child Advocacy: A Contribution to an Emerging Discipline*, 12 (3/4) JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 149 (2006).

⁸⁷ *Id.*

⁸⁸ These universities are: Winona State University (MN), Montclair State University (NJ), Kennesaw State University (GE), University of Pittsburgh (PA), University of South Carolina-Upstate, Wilmington University (DE), Oklahoma City University, Michigan State University (first course planned for 2012, with plans for certificate to follow), University of Wisconsin-Platteville, Missouri State University, Athens State University (AL), Northern State University (SD), University of the District of Columbia, Judson University, New Mexico State University, Northeastern Illinois University, Arkansas State University, Northwest Arkansas Community College, Liberty University (CAST approved but not yet taught), University of Toledo (implemented CAST at the medical school), Florida Institute of Technology, and Alliant International University in San Diego, California (CAST classes will begin in the Spring of 2011).

CAST at Graduate Schools

Although there is no substitute for adequate undergraduate training, a number of graduate schools also train professionals who almost certainly will encounter child abuse victims. Consider the following examples.

Law schools

Law students interested in becoming prosecutors or public defenders may be the best candidates to interact with abused children before or during court, but tomorrow's civil attorneys will also encounter child witnesses in divorce/custody cases, civil child protection proceedings, and in other instances involving civil litigation. Future judges must also deal with child witnesses.⁸⁹

To this end, law schools should introduce tomorrow's trial attorneys and judges to the concept of court schools⁹⁰ and the art of preparing children for court.⁹¹ Law students should understand the research on conducting developmentally appropriate oaths.⁹² Most importantly, tomorrow's trial attorneys and judges must be introduced to the concept of questioning children in a manner they can understand.⁹³ Just as we would oppose questioning in English a child who could only speak Spanish, we must oppose the practice of questioning children in a manner they cannot comprehend. According to one study, two-thirds of public defenders and one-third of prosecutors admitted questioning children in a manner designed to confuse the child.⁹⁴ Law schools must take the lead in

⁸⁹ A survey of 2,240 judges found that barely 50% of them had received any child welfare training before hearing child dependency and neglect proceedings. *View from the Bench: Obstacles to Safety & Permanency for Children in Foster Care* (July 2004) (this survey was conducted by the Children & Family Research Center, School of Social Work, University of Illinois, Urbana-Champaign and is available on line at www.fosteringresults.org). Much has been written about the proper credentials for being a trial judge including courage, self-doubt, and a deep and genuine affection for the law. See Victor I. Vieth *Selecting Trial and Appellate Judges: Exceptions to the Rules and Rules to Find the Exceptions*, 18 HAMLINE J. PUB. L. & POL'Y 52 (1996). To this list should be added experience with child witnesses. Indeed, there is literature suggesting that unless a judge is well-versed in linguistics, child development, memory and suggestibility and other issues impacting on the child witness, that he/she is incompetent to serve as a judge in a case involving the testimony of children or in a case where the statements of children is an issue of some sort. See Victor I. Vieth, *When Cameras Roll: The Danger of Videotaping Child Abuse Victims Before the Legal System is Competent to Assess Children's Statements*, 7(4) JOURNAL OF CHILD SEXUAL ABUSE 113-121 (1999).

⁹⁰ For an excellent overview of the concept and use of court schools, see Martha J. Finnegan, *Creating and Administering a Kids Court Program*, 13(5) UPDATE (2000) (published by APRI's National Center for Prosecution of Child Abuse, Alexandria, VA).

⁹¹ See LYNN M. COPEN, *PREPARING CHILDREN FOR COURT* (2000).

⁹² See Thomas D. Lyon & Karen Saywitz, *Young Mistreated Children's Competence to Take the Oath*, 3(1) APPLIED DEVELOPMENTAL SCIENCE 16-27 (1999).

⁹³ See ANNE GRAFFAM WALKER, *HANDBOOK OF QUESTIONING CHILDREN* (2d Edition) (1999); see also John E.B. Myers, Gail S. Goodman, & Karen J. Saywitz, *Psychological Research on Children as Witnesses: Practical Implications for Forensic Interviews and Courtroom Testimony*, 27 PACIFIC L. JOURNAL 1 (1996).

⁹⁴ Michael R. Leippe, et al., *The Opinions and Practices of Criminal Attorneys Regarding Child Eyewitnesses: A Survey*, in CECI, ET AL, *PERSPECTIVES ON CHILDREN'S TESTIMONY* 100, 118 (1989).

teaching the attorneys and judges of tomorrow that questioning designed to take advantage of a child's vulnerabilities is unethical.

Implementation of a child protection course at law schools

Working with a team of accomplished child abuse prosecutors, the National Child Protection Training Center developed a full semester course entitled *Child Abuse and the Law*. The course is currently being taught in three ABA accredited law schools.⁹⁵

Medical schools

The role of physicians in addressing child abuse cannot be over-stated. A significant portion of child abuse and neglect reports comes from medical providers. Accordingly, the early detection of child abuse and neglect in doctor's offices, emergency rooms, dental and community health offices is essential if we are to address abuse at an age where society is best able to respond effectively. Even when children do not come into the system as a result of a report from a medical provider, many of these children will nonetheless come into contact with a doctor once they enter the system. This is because medical evaluations are an essential part of not only making the case against the perpetrator but also ensuring the child that his or her body is healthy.⁹⁶ Accordingly, it is essential that medical students have rigorous training in the recognition, intervention and prevention of child abuse.

In designing a medical school curriculum, it is helpful to remember that child abuse is not always easily detectable.⁹⁷ Accordingly, medical schools must give the medical professionals of tomorrow a thorough understanding of taking a history/interviewing a child, conducting a physical examination of a possible victim of abuse, the collection of appropriate laboratory data, diagnostic considerations, proper record keeping not only for assisting the patient but in preparation for court, long term treatment of the child, and various legal issues (hearsay, mandated reporting, etc).⁹⁸ Beginning in medical school, physicians must learn to identify and respond to the physical and psychological neglect of children⁹⁹ and continue to receive training on these complex issues. Just as social

⁹⁵ These law schools are Hamline University School of Law, William Mitchell College of Law, and Liberty University Law School.

⁹⁶ See generally, Joyce Adams, et al, *Guidelines for Medical Care of Children Who May Have Been Sexually Abused*, 20 JOURNAL OF ADOLESCENT GYNECOLOGY 163 (2007).

⁹⁷ Munchausen Syndrome by Proxy cases, for example, are extremely complex and since the abusive caretaker often has medical training, the treating physician "will be hard pressed not to be caught up in trying 'too hard' to find the cause of the child's pain (and) the potential for missing that she is standing right next to us at the bedside is great." Herbert Schreier, *Munchausen Syndrome by Proxy Defined*, 110(5) PEDIATRICS 985, 987-988 (2002).

⁹⁸ For a more thorough analysis of these issues, see American Academy of Pediatrics/Committee on Child Abuse & Neglect, *Guidelines for the Evaluation of Sexual Abuse of Children: Subject Review*, 103 PEDIATRICS 186-191 (1999).

⁹⁹ Even in a busy clinic, physicians may be able to identify neglect by "brief screening questions" on issues such as "access to health care and medications, adequacy of food supplies, possible depression, and social supports and coping." Howard Dubowitz, et al., *Child Neglect: Outcomes in High-Risk Urban Preschoolers*, 109(6) PEDIATRICS 1100, 1105 (2002). In terms of screening for psychological neglect,

workers, police officers and other child protection professionals must learn how to conduct themselves in court and, for the welfare of the child victims, present their findings in a convincing way, it is important to instruct medical professionals in the art of testifying.¹⁰⁰ Intervention, of course, is only one piece of the puzzle. As with all professions involved in child abuse, doctors should receive courses on the prevention of abuse and their role in giving parents anticipatory guidance. Many physicians report feeling underprepared and trained both in the area of addressing parenting skills, but also in identifying and reporting child maltreatment.¹⁰¹

Residency training may be the best place to provide this education so long as the training is not only for those desiring to be child abuse specialists—for whom there is already a specific board certification.¹⁰² This is because specialists “practice in academic centers” thus making the distribution of these specialists “somewhat limited.”¹⁰³ Instead, the “complete education of primary care physicians in the evaluation of child abuse and neglect is mandatory in order to reach most pediatric patients with quality evaluation services.”¹⁰⁴

Implementation of a medical school curriculum at the University of Toledo

Working with the Mayo Clinic and several pediatric experts on child abuse, the National Child Protection Training Center outlined a medical school curriculum designed to better prepare future doctors to recognize, report, and otherwise respond to a case of child maltreatment. The curriculum has been implemented at the University of Toledo College of Medicine and a recently completed study of 17 medical students completing the course found “medical students’ self-reported preparedness to identify signs of child maltreatment, to report a case of suspected child maltreatment, to recommend or secure needed services for a maltreated child and likelihood to report suspected child maltreatment even if they were not sure were significantly improved...”¹⁰⁵

physicians can assess the parent-child interaction and ask questions such as “is the overall tone of the interaction positive? What is the nature of their affect? It is useful to note the responsivity of parent and child to each other. Do they listen to and consider each other?” *Id.* at 1105.

¹⁰⁰ See Charles Felzen Johnson, *The Use of Charts and Models to Facilitate a Physician’s Testimony in Court*, 4 CHILD MALTREATMENT 228 (1999); Victor I. Vieth, *Tips for Medical Professionals Called as Witnesses*, 13(2) UPDATE (2000).

¹⁰¹ See E.G. Flaherty, et al., *Pediatrician Characteristics Associated with Child Abuse Identification and Reporting: Results from a National Survey of Pediatricians*, 11(4) CHILD MALTREATMENT 361 (2006); E.G. Flaherty, et al., *From Suspicion of Physical Child Abuse to Reporting: Primary Care Clinician Decision-Making*, 122 PEDIATRICS 611 (2007); Gunn, et al., *Factors Affecting Pediatricians’ Reporting of Suspected Child Maltreatment*, 5(2) AMBULATORY PEDIATRICS 96 (2005); Warner-Rogers, et al., *The Influence of Case Professional Variables on Identification and Reporting of Physical Abuse: A Study with Medical Students*, 20(9) CHILD ABUSE & NEGLECT 851 (1996).

¹⁰² See A GUIDE TO BOARD CERTIFICATION IN PEDIATRICS, available online at: <http://www.abp.org/abpwebsite/publicat/certboi.pdf> (last visited November 11, 2011).

¹⁰³ Suzanne P. Starling & Stephen Boos, *Core Content for Residency Training in Child Abuse and Neglect*, 8(4) CHILD MALTREATMENT 242-243 (November 2003).

¹⁰⁴ *Id.*

¹⁰⁵ Michele Knox, Heather Pelletier, & Victor Vieth, *The Effects of Training in Child Advocacy and Child Abuse Prevention and Intervention for First Year Medical Students* (paper submitted for publication October, 2011).

Other graduate schools

All graduate schools that teach students who will inevitably encounter child abuse victims must adequately prepare these men and women for the challenges they will encounter. Graduate schools that train tomorrow's psychologists,¹⁰⁶ dentists,¹⁰⁷ journalists, clergy-persons¹⁰⁸ and veterinarians¹⁰⁹ are but some of the professionals that will come into contact with maltreated children and who should be better prepared to meet or at least recognize and report instances of abuse.¹¹⁰

Disseminating undergraduate and graduate reforms

Working with dozens of colleges, universities, law schools, medical schools and seminaries, the National Child Protection Training Center intends to continue to implement undergraduate and graduate reforms throughout the United States.

100 universities by 2013 and 500 by 2018

Each summer, NCPTC selects 20 universities to participate in a week-long conference at Winona State University. Professors attending the conference attend workshops presented by CAST professors from WSU and at other institutions. They are given course materials, participate in course exercises and interact with CAST students. NCPTC provides ongoing assistance until CAST is implemented.

¹⁰⁶Kelly M. Champion, Kimberly Shipman, Barbara L. Bonner, Lisa Hensley, and Allison C. Howe, *Child Maltreatment Training in Doctoral Programs in Clinical, Counseling, and School Psychology: Where Do We Go From Here?*, 8 CHILD MALTREATMENT 211, 215 (August 2003).

¹⁰⁷ Numerous studies document that dentists under-report cases of abuse and neglect because of lack of knowledge as to what injuries are consistent with abuse. For a summary of these studies and a call for continued and increased efforts to educate dentists about child maltreatment, see Howard L. Needleman, *Oral Facial Trauma in Child Abuse and the Role of the Dental Profession*, 12 APSAC ADVISOR 10 (Summer 1999).

¹⁰⁸ There is research suggesting that sex offenders with the most victims and the youngest victims tend to be those who are most actively involved in their faith communities. See Donna Eshuys & Stephen Smallbone, *Religious Affiliations Among Adult Sex Offenders*, 18 SEX ABUSE 279 (2006). When clergy or others use religion in the abuse of a child this has a profound impact on the child emotionally and spiritually. Barbara R. McLaughlin, *Devastated Spirituality: The Impact of Clergy Sexual Abuse on the Survivor's Relationship with God*, 1(2) SEXUAL ADDICTION AND COMPULSIVITY (1994); Adam Saradjian & Dany Nobus, *Cognitive Distortions of Religious Professionals Who Sexually Abuse Children*, 18 JOURNAL OF INTERPERSONAL VIOLENCE 905 (2003).

¹⁰⁹ There is a growing body of evidence showing a correlation between animal abuse and child abuse. As a result, some states, such as Ohio, have made veterinarians mandated reporters. For an excellent overview of the research documenting the correlation between animal abuse and child abuse, see Allie Phillips, *How the Dynamics Between Animal Abuse and Child Abuse Affect the Forensic Interview Process*, 1(4) REASONABLE EFFORTS (2004) (Published by NDAA's National Child Protection Training Center, Winona, MN).

¹¹⁰ The National Child Protection Training Center has already developed a seminary course on child maltreatment. The curriculum has been implemented at Bethany Lutheran Theological Seminary in Mankato, Minnesota and Wisconsin Lutheran Seminary in Mequon, Wisconsin.

CAST professors continue to interact and support each other through a listserv and other interactive media. Working with the CAST universities, NCPTC will assist in developing national accreditation standards to assist in maintaining the integrity and quality of the courses.

By July of 2012, at least 70 universities will be involved in the work of implementing CAST at the undergraduate or graduate level. The goal of NCPTC is to implement the curriculum in at least 100 universities by 2013—a goal that is within reach.

The Development of Regional Centers to Sustain CAST

By 2013, NCPTC intends to have university regional partners who have not only implemented CAST successfully but who will take a leadership role in disseminating CAST throughout their regions and in conducting site visits and otherwise ensuring the ongoing integrity of the reforms.

These four regional centers will also provide up to 60 weeks of intensive training (15 weeks per center) for child protection professionals currently in the field. The training will be conducted in “laboratory” facilities that include mock courtrooms, forensic interview rooms, mock sexual assault examination rooms, and a mock house in which to conduct simulated investigations.

Winona State University has already developed such a facility for the training of CAST students as well as professionals in the field. The exterior of the facility is depicted below.



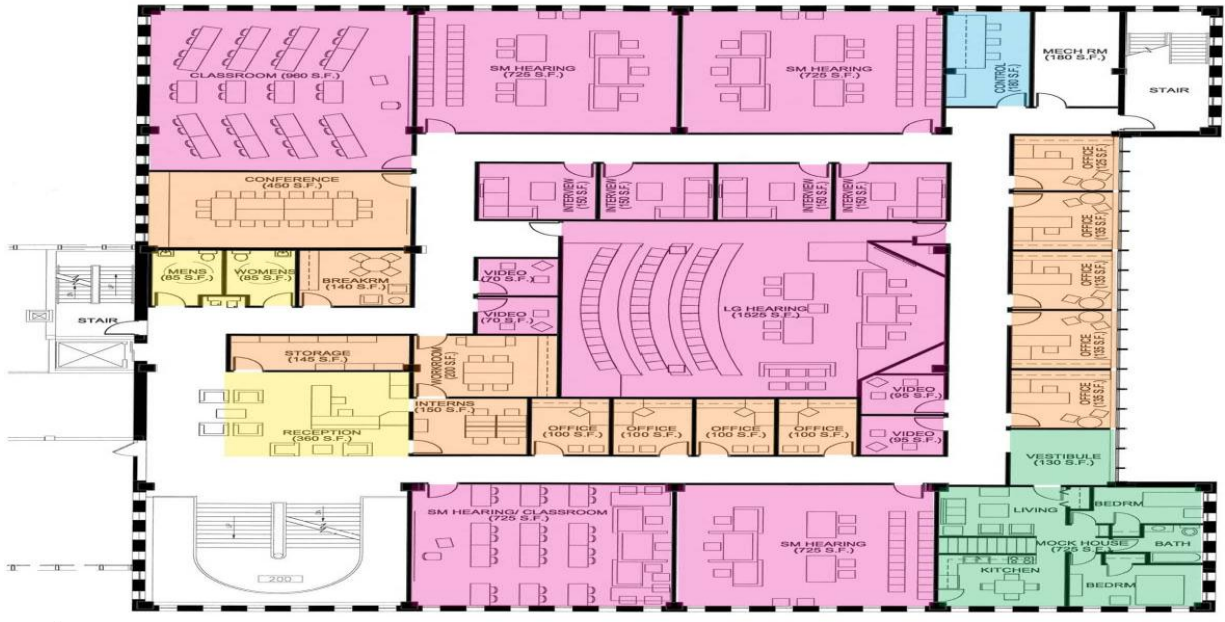
The facility’s mock house, in which simulated child abuse investigations are conducted, is shown below.



The facility also includes five courtrooms. One of these courtrooms is pictured below:



A diagram of the facility as a whole, including courtrooms, forensic interview rooms and the mock house is below:



A second training facility on the campus of Northwest Arkansas Community College is also under development. The facility will have all of the features of the Minnesota training center but will also include a mock sexual assault examination room and perhaps a mock jail. The architectural rendering of the exterior of the Arkansas training center is below:



Conclusion

It would not require a large investment of financial and human resources to fundamentally improve our nation's mandated reporting and child protection systems. We would, though, have to start at the source of training for most of these professionals—undergraduate and graduate programs.

With funding from the United States Department of Justice, the National Child Protection Training Center has worked with dozens of universities in developing and implementing intensive undergraduate and graduate courses and degrees. With a minimal investment from the federal government, these reforms will not only be sustained, they will quickly spread throughout the nation.

The tragic events at Penn State University remind us how much our mandated reporting and child protection professionals need to improve. The events at Penn State are not isolated—they are the norm as documented by numerous studies and thousands of painful anecdotes. If we adhere to the recommendations of various researchers and countless child protection professionals, we can quickly develop a new norm in which reasonable suspicions of abuse are routinely reported and competently assessed.

Generations of children await our decision.

Appendix A

Child Advocacy Studies at Winona State University: Catalogue Description

PURPOSE

The focus of the Child Advocacy Studies curriculum is experiential, interdisciplinary, ethical and culturally sensitive content that would provide professionals working with children a common knowledge base for responding to child maltreatment. This program focuses on developing students' understanding of the numerous factors that lead to child maltreatment, and of existing responses to incidents of child maltreatment, in order that they may work more effectively within systems and institutions that respond to these incidents. Students will learn about the various disciplinary responses to child maltreatment, and will develop a multi-disciplinary understanding of the most effective responses. Students completing the courses in this program will be better equipped to carry out the work of agencies and systems (health care, criminal justice

CHILD ADVOCACY STUDIES MINOR

MINOR REQUIRED COURSES/ELECTIVES (21 S.H.)

301	Perspectives on Child Maltreatment & Child Advocacy (3) (required)
401/501	Professional & System Responses to Child Maltreatment (4) (required)
402/502	Responding to the Survivor of Child Abuse and Survivor Responses (4) (required)
302	Global Child Advocacy Issues (3) (required)
407	CAST Capstone Experience (4) (required)
405	Gender, Violence and Society (elective) (4)
403	Child Exploitation, pornography & the Internet (elective) (3)
404	Sociology of Child Poverty (elective) (3)
406	Child Advocacy Research Studies (elective) (3)
Total	(21 credits) (18 credits required + 3 credits elective)

CERTIFICATION

Students who complete all three courses offered in the discipline receive a certificate of completion from WSU and the NCPTC.

CERTIFICATION REQUIRED COURSES/ELECTIVES (11 S.H.)

Child Advocacy Studies (CAST)

301	Perspectives on Child Maltreatment & Child Advocacy
401/501	Professional & System Responses to Child Maltreatment
402/502	Responding to the Survivor of Child Abuse and Survivor Responses

COURSE DESCRIPTIONS

301 - Perspectives on Child Maltreatment & Child Advocacy—3 S.H. (required). This course is the introductory course for child advocacy studies. This course covers the history, comparative perspectives, the legal framework, responses to child maltreatment, the skills necessary to do the work, other pertinent issues pertaining to child maltreatment and child advocacy, and the future. The field of child maltreatment is fraught with controversy. Much of the class focuses on these controversies. The approach of the course will be from a variety of diverse, professional perspectives including the perspectives of a prosecuting attorney versus a defense attorney. The course is designed for students majoring in criminal justice, education, social work, sociology, psychology, nursing, paralegal, or other areas where knowledge of child maltreatment and advocating for children might be necessary. Much of the work will be hands-on. This course is accepted as meeting the University studies critical analysis criteria. No prerequisites are required.

401/501 - Professional & System Responses to Child Maltreatment—4 S.H. (required) This course is the second course for the child advocacy studies and focuses on the responses of professionals to allegations of child maltreatment. The purpose of this course is to expand the student's knowledge and skills in identifying, investigating and prosecuting child maltreatment. Students majoring in criminal justice, education, social work, sociology, psychology, nursing, paralegal and other areas where knowledge of child maltreatment investigation and advocacy are necessary will receive competency based skills training such as forensic interviewing, documentation, etc. CAST 301 (SOCW 440) is a prerequisite for 401/501 or consent of instructor. PSY 250 Developmental psychology and MC --- Communication for Professionals or equivalent course content within the major is recommended as a prerequisite. Students taking this course for graduate credit will be expected to complete an additional assignment.

402/502 - Responding to the Survivor of Child Abuse and Survivor Responses—4 S.H. (required) This course is the third course for child advocacy studies. The purpose of this course is to prepare students to recognize the effects of child maltreatment and apply interventions strategies for children and their families. Multidisciplinary approaches to prevention, advocacy and treatment of child maltreatment survivors will be presented and discussed. The course is designed for students majoring in criminal justice, education, social work, sociology, psychology, nursing, paralegal, or other areas where knowledge of child maltreatment and advocating for children will be necessary. The experiential lab for this course involves court room observation and interaction with children. Prerequisite courses for this course are 301 and 401, or consent of instructor. Students taking this course for graduate credit will be expected to complete an additional assignment.

302 -Global Child Advocacy Issues -3 S.H. (required). This course is a core course for child advocacy studies minor. The purpose of this course is to prepare students to recognize child advocacy issues around the world. The course is designed for students majoring in criminal justice, education, social work, sociology, psychology, nursing, paralegal, or other areas where knowledge of child maltreatment and advocating for children will be necessary. Multidisciplinary approaches to advocacy in different countries throughout the world will be presented and discussed. No prerequisites are required. *This course is approved as a University Studies course under the category of Unity and Diversity: Global Perspectives. (If course passes all US requirements)*

407 -CAST Capstone Experience -4 S.H. (required). This course included an intense site-based experience of student's choice designed to encapsulate the essence of baccalaureate professional role development in a internship experience. This synthesis course allows the student to expand their understanding of major concepts of child advocacy, experiential learning, and evidenced based practice in a setting of their choice. A multidisciplinary approach will be emphasized as students focus on ethical decision-making and cultural sensitivity with clients in a community location. Students work with preceptors in agencies and develop a project addressing a need within that agency. CAST 301, 401/501, and 402/502 or permission of instructor are prerequisites

403 -Child Exploitation, pornography & the Internet-3 S.H. (elective). The overall goal of this course is the study and analysis of child sexual abuse and the responses to this problem by human and social services. Specifically, this course will examine the predatory actions of offenders who engage in child sexual abuse and exploitation. Included in this assessment is an understanding of the use of computers, the internet and emerging technologies by perpetrators to exploit children. Students will also gain an understanding of the responses of social services and the criminal justice system to this phenomenon. Thus, the student will be able to gain an understanding and appreciation of the roles of law enforcement, forensics, courts, social workers, and health service providers in the detection, investigation, and prosecution of this specific form of child exploitation.

404 -Sociology of Child Poverty-3 S.H. (elective). Students will analyze poverty and child poverty in the U.S. while placing both in an international and historical context. They will understand the demographics of poverty and the effects of poverty on children. They will critically evaluate sociological research and theories for poverty and child poverty. Students will also evaluate societal responses to poverty and child poverty, particularly as poverty relates to child maltreatment. This course is useful for students in fields such as nursing, criminal justice, education, social work, sociology, pre-medicine, and pre-law.

405 - Gender, Violence and Society-4 S.H. (elective). This course introduces students to the roots of gender-based violence, the political and cultural structures that perpetuate it, and explores how this violence might be brought to an end. Students will investigate the local and global impact of violence; how gendered violence intersects with

race, class, sexuality, age, physical ability and the oppressions that are linked to these identities; and strategies for addressing gender-based violence. The overlap between gender based violence and child abuse and neglect will be addressed under each topic. As part of the class, students will complete a 45-hour advocacy training (Plus 15 hours of volunteer advocacy work) offered in partnership with the Women's Resource Center of Winona. Course time will be divided between 2 credits of lab and 2 credits of theory. Prerequisite: CAST 301 or permission of instructor

406 –Child Advocacy Research Studies (elective) (3). Students will read, interpret, and evaluate the significance of research findings to child advocacy study. The course helps students understand the role of research and information technology in providing evidence based practice for child advocacy study within their respective disciplines. Students work in small groups to critique research studies and synthesize their knowledge of the research process in the analysis of several studies. These studies focus on concepts relevant to child advocacy such as the effects of maltreatment, prevention and education, cultural elements of practice, as well as other factors that influence practice with families affected by maltreatment. Research design, ethical issues in research, the professional's role in research and the application of technology are examined. Students will explore the use of computers and technology for processing and managing data. Prerequisites: CAST 301, 401/501, and 402/502 or permission of instructor.