

**Report for the Three Year Assessment
for the Connecticut
Governor's Task Force on Justice for Abused Children
2018 – 2020**

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GTFJAC Three Year Assessment – Compilation of Findings

This report is a compilation of findings prepared for the three-year assessment process required under the federal Children's Justice Act for the Governor's Task Force on Justice for Abused Children (GTFJAC). The report covers the period from 2018 - 2020.

Methodology

Over the course of nine months, the Task Force had regular updates from the consultant on the assessment process and a special meeting was held to go over the results of the assessment and discuss recommendations based on findings. Ten meetings were held with the consultant and the Tri-Chairs, and a dozen meetings were held between the consultant and the Executive Director of the Connecticut Children's Alliance to provide the consultant with background and clarifying information on definitions, policies, and protocols related Children's Advocacy Centers (CACs) and Multidisciplinary Teams (MDTs).

Under the guidance of GTFJAC's Tri-Chairs, the Consultant conducted data gathering efforts to review the current system of investigative, administrative, and judicial handling of cases of child abuse and neglect and identify potential areas needing reform. At the beginning of the process, several areas were identified for exploration: investigations by the Department of Children and Families and by law enforcement, prosecution, services provided to families, and how the system interacts with offenders and alleged offenders.

The following data collection efforts were conducted:

- *Interviews:* Sixteen interviews were conducted over the telephone or via Zoom from September 30, 2020 to November 2, 2020; most were about 30 minutes in length.
- *Focus groups:* Nine focus groups were held from January 12 to March 9, 2021, with a total of 49 participants overall. The focus groups were organized by discipline, and consisted of DCF workers, forensic interviewers, law enforcement, court-based victim advocates, Multidisciplinary Team (MDT) Coordinators, medical professionals, mental health professionals, prosecutors, and victim advocates. Participants were recruited through suggestions from MDT Coordinators and other sources. Most focus groups lasted one hour. All sessions were recorded and notes were taken by Jhoseln Jara, an intern serving with the CT Children's Alliance. The recordings were not accessible to, or viewed by, anyone else.
- *On-line survey:* A 26-question survey was sent out to GTFJAC members, MDT Coordinators, staff at the Department of Children and Families, prosecutors, victim advocates, and other groups. All but four of the twenty-six questions were narrative. One

hundred five people responded to the survey, with a completion rate of 58%. Of those 105 people, 18 were members of the GTFJAC.

- *Observation of MDT meetings:* The consultant observed six MDT meetings representing different geographic areas of the state.
- *Respondent comments:* Comments from respondents included in this report have been edited for clarity and length, and consultation was also made with the Tri-Chairs for accuracy.
- *OMS Surveys:* Data is also included from the Connecticut Children’s Alliance Outcome Measurement System (OMS) Surveys of families/caregivers served at CACs and MDT teams.
- *NCATrak Data:* Data from the statewide CAC database is included to illustrate cases that went through the MDT/CAC process.

Respondents by Discipline

(Duplicated count)

Discipline	<i>Started to respond to online survey</i>	Completed online survey	Participated in focus group	Interviewed by Consultant
Child Protective Services	25	17	6	2
Forensic interviewer	4	3	4	-
Court Based Advocates		-	4	1
Law Enforcement	12	7	5	1
MDT Coordinator	7	5	11	-
Medical Professional	2	2	4	2
Mental Health Professional	6	4	6	0
Prosecution	22	10	7	1
Public Defender	2	1	-	2
Victim Advocate	13	7	5	-
Other	12	5	-	7
Totals	105	61	49	16

A copy of the questions asked in the interviews, focus groups, and survey are included in Appendix A.

Method of gathering data from families: Under the precept of “do no harm” and given the stresses of going through an investigation and possible prosecution of a case involving a child who has already suffered abuse, the decision was made to rely on the most recent Outcome Measurement System (OMS) Caregiver Survey for the perspective of family members. This decision was reinforced by the fact that many families are currently under duress from the stressors of the COVID-19 pandemic, as evidenced by the number of families that asked for additional support related to basic needs and impacts from the pandemic (22% of the completed responses to the OMS survey).

Along these lines there had been an initial plan to hold a special focus group with families to learn from them about their experiences with investigation and prosecution. MDT Coordinators were asked for suggestions of possible family members to participate; however, suggestions of individual families were not forthcoming, as the activity of participating in a focus group was not seen as being in the best interest of families at this time. Other avenues for speaking directly with families were explored with similar results, hence the reliance on OMS data.

Other challenges: The amount of time that was required to conduct and analyze the information from the focus groups, interviews, and survey was underestimated. There were also timing challenges due to confluence with other surveys, end of year holidays, and the general level of workload and stressors that professionals have been subject to during the COVID-19 pandemic. Despite these challenges, a rich data set emerged which yielded valuable information for improving the state’s response to child abuse and neglect.

Introduction

What does justice look like for abused and neglected children in CT?

Ensuring that the process of responding to each possible case of child abuse, maltreatment and neglect is well coordinated and reduces additional trauma to the child and their family is critical to the goal of achieving justice. Procedural fairness to the accused is also required.

The Connecticut State Department of Children and Families (DCF) is the state's designated child welfare agency. The following chart illustrates the number of reports taken by the department's Careline, and how many cases of that number were accepted for a response:

CT DCF	2018	2019	2020
Total reports made to Careline	59,152	67,518	51,932
Total acceptances	28,825	29,097	21,266

The chart below indicates the numbers of children served by CT's Child Advocacy Centers:

Child Advocacy Centers	2018	2019	2020
Number of children served	1,444	1,825	1,528

The Division of Criminal Justice (DCJ) is responsible for the investigation and prosecution of all criminal matters in the State of Connecticut. In furtherance of that role, the DCJ is in the process of implementing a new case management system which will replace the paper-based system currently being used to track approximately 70,000 criminal cases per year. The current system is incapable of collecting statewide data in many areas of concern.

DCJ's new case management system will provide detailed data on a variety of processes during the pre-trial and trial stages of a criminal case. The DCJ's ability to collect and analyze data on prosecutorial decision points in child abuse and neglect cases will greatly increase over the next several years.

This report explores respondents' thoughts about and experiences with the state's work to provide justice for abused and neglected children, from collaboration during the initial investigation to interactions with the court system and questions of how to hold offenders accountable for their actions. The report also briefly explores the internal functioning of the Governor's Task Force as a body.

As respondents suggested:

"... addressing trauma early and appropriately will have a significant impact on the child's long term physical and mental wellbeing."

"The child and non-offending family should be the focal point, not the State's Attorney, Law Enforcement, DCF, etc."

"Victims need to have faith in the system to engage in the system".

"When it all falls together it can be a great system to keep children safe, give them a voice and physical and psychological safety."

"The court system has to be fair and just but I feel that at times, it can be very cold and unforgiving to a victim, thus causing a culture of non-reporting because they don't feel anything is going to happen to get them justice anyway."

"As a state, we have made many advancements, but there is still work ahead."

The report begins by exploring issues concerning impact on and support of families and victims going through the process.

Impacts on families and supporting them through the process

THE SPAN OF TIME FROM DISCOVERY OF ABUSE TO RESOLUTION

"The longer a case lingers, the more time the victim has to worry about it."

In one form or another, at least 25 respondents raised the issue of the length of time it takes for the entire process to unfold once a disclosure or finding of child abuse has been made. While some respondents noted that there has been progress in the response time for investigations, the sheer length of time that it can take to get a warrant, for arrests to occur, for cases to go to trial, etc. can cause additional trauma as victims and their families desire to move on with their lives. Having cases play out over years is an especially long time in the life of a child. Timelines also may impact the willingness of families to cooperate with prosecutors and engage with the system overall.

Sample comments:

- I don't think it's due to cases being mishandled, but instead a sign of how the system has been set up.
- Victims and their families often complain about the length of time it takes for an investigation and justice to be served.
- Cases are never over/done with for victims/families.

Additional concerns related to timing are discussed below including accountability, DCF's mandated 45-day investigative period and the timing of court cases.

RACISM AND IMPLICIT BIAS

"Some employees are unaware of their implicit bias which impacts our interactions and ability to truly work with our families. These issues are clear with numbers and conversations to support but are not addressed directly."

Issues of systemic racism, racial inequity, and implicit bias were raised by a number of respondents, with a mention that there had been more focus on this issue during the three-year assessment period.

A suggestion was made to institute a policy around mandatory implicit bias training for investigative professionals who interact with the community.

In summary, respondents cited the need to:

- Address racism and sexism across all systems and increase racial justice work.
- Develop a holistic perspective to include how systems and racism impacts our children and families.

There was also discussion of the differences in how cases are handled, based on perceived racial and/or socioeconomic groups: Sample comments included:

- Investigation and monitoring of custodial parent when the noncustodial parent is the abuser. Racism, double standards for non-white families. Multiple chances provided to some, no chances provided to others.
- Perceived inability to engage families, particularly families of color.

Perceived differences in how cases are handled between urban and suburban areas are discussed below, which may include components of racial inequity.

CULTURAL AND LANGUAGE BARRIERS

“There are limited resources, programs, treatment, and providers for groups of people that are from a different country and speak a different language other than English.”

“With these sensitive topics, some little details can be lost in translation.”

“You have to ensure you have translators, have cultural awareness and cultural competency as well as be aware of implicit biases, but if those barriers are respectfully handled it does not and will not impact the work negatively.”

At least 21 respondents indicated that language and cultural barriers were not an issue in their work. Another group of about 10 people reported that either they themselves were bilingual, or staff members in their agencies were bilingual, or had access to adequate translation services.

However, language and cultural barriers impact the experience of some victims, their families, and the character and quality of the interactions families have with professionals doing this work.

The following sample comments cited challenges with interpretation:

- *Lack of services.* Lack of language services, interpreters, and qualified bilingual service providers for non-English speaking clients. Some areas have resources for Spanish-speaking clients but require translators and/or are lacking in services for any language other than English or Spanish. (*Combined individual responses*).

- *Accessibility of documents:* Lack of accessibility to formal documents translated to the primary language of the victim and their family, including forms from the Office of Victim Services. (*Combined individual responses*).
- *Communication barriers:* Many providers who are not of the same language as the client struggle/face breakdowns in interpretation when interpreters are utilized.
- *Coordination with other agencies:* It is difficult to manage a case with interpreter services when that case requires a lot of inter-agency coordination.
- *Delays in interviews:* Sometimes the CAC does not have an interpreter present knowing the child/family speaks a certain language. This creates a delay in the interview.
- *Evaluation of evidence:* A language barrier makes it more difficult to evaluate evidence that is in Spanish (written material and recordings). Also, a language barrier makes it more difficult to speak with victims easily.
- *Interpreters for the Deaf and hearing impaired:* ASL translation services are sometimes difficult to schedule when needed.
- *Meaning clarification for investigations:* As a victim advocate, I often have to not only interpret for the family because cases are not assigned to language speaking workers (DCF or PD) but I also have to clarify the interpretation. Just because something is translated does not mean that is exactly what the family meant, but unless you are aware of the culture you are working for this can lead to many misinterpretations in the investigation.
- *Sensitivity of information:* We can't always use school officials or family members to help with translation because of sexual abuse discretion.
- *Family confusion about roles and resources:* The word "advocate" doesn't always translate well; sometimes families have trouble understanding our role and how we can support them.
- *Translator qualifications and payment:* Advocates have to translate despite not being certified or being paid the rate translators are paid. It's time intensive to arrange, costly, and often inaccurate or incomplete translation.

Some respondents mentioned that there is a lack of culturally competent services, with limited access to services and providers of various cultures that can adequately service families. Making sure that interactions with families are respectful and that the families' culture is taken into account came up; for example, in some cultures it would be offensive to be asked "Why aren't

you looking at me?”, when it is not considered proper etiquette for a person to look directly at them. A lack of diversity of staff in some settings was also mentioned.

Issues with cultural competency may not always be at the surface level; respondents mentioned that it is somewhat challenging to determine when subtleties result in barriers. Also, there can be undercurrents of bias which are felt by families, but which may not be explicitly addressed or responded to within the context of the current system.

Cultural differences may also impact what behaviors come to the attention of authorities, and how those behaviors are investigated. Some cultures may prefer to “keep it within the family”, impacting engagement with the system and available services. This sample comment raises related issues:

- Often times there is a misunderstanding about what constitutes abuse or what is unacceptable behavior due to cultural differences. Additionally, some abuse is not reported or is reported very late due to cultural issues and immigration fears.

FAMILIES WITH UNDOCUMENTED MEMBERS

“Victims need to have faith in the system to engage in the system”.

In addition to language and cultural barriers, several respondents mentioned the impact and depth of fears felt by families with undocumented members: fear of immigration consequences if they report abuse to police, fear, and distrust of law enforcement, DCF, and other governmental systems. A specific example cited:

- I had a family whose daughter was assaulted by a stranger at a party, they went to the police and expressed their relief that they weren't going to get arrested and lose their child because they felt they were at fault.

Other barriers for families with undocumented members include a lack of insurance, challenges with gaining access to needed immigration services, and a lack of services. It was suggested that the state needs legislation protecting immigrants and protected classes.

Families with undocumented members are not the only families who may have hesitations to come forward. Fear and distrust of law enforcement, DCF, and other governmental systems can affect the ability and willingness to interact with the system. For example, the perception and negative connotation sometimes associated with DCF may prevent some parents from seeking help and other families may feel that they are being investigated even if they are not.

Given these challenges, there was a suggestion that families be given more education about their rights.

SOCIAL DETERMINANTS OF HEALTH IMPACTING VICTIMS AND FAMILIES

A number of people mentioned social determinants of health that impact how children and families respond to potential cases of abuse and neglect and navigate the system. Respondents discussed the importance of ensuring that families have:

- *Basic needs met* – including sufficient income, day care, affordable housing, telephone, and internet service, etc. Sample comments included:
 - Many times, children are treated as neglected because parents are impoverished. I'd like to see DCF focus on assisting those parents without making it a neglect/abuse case. Economic status should not be a basis for neglect.
 - The offender is often the only financial resource in the home; if that person is no longer providing income, it leaves the entire family vulnerable with the non-offending caregiver struggling.
- *Insurance coverage*. Continued coverage of telehealth by insurance companies past the period of the pandemic. Many children can't access services due to caregiver transportation and schedules; having access to telehealth has meant that those children can be provided with treatment.
- *Transportation*: 51 families mentioned transportation being a barrier to accessing services in the OMS Survey.

Several respondents mentioned the importance of ensuring that parents and caregivers have access to appropriate educational resources on the dynamics of abuse and healthy relationships. Community awareness of services was also mentioned, with a suggestion for issue awareness and outreach in local jurisdictions so families know where and how to get resources, including those offered by DCF.

A few respondents mentioned the needs of foster care families and children who have been in foster or DCF care:

- More details of the abuse suffered by children given to the foster families that care for the child(ren) without violating confidentiality to help foster families handle trauma related to the abuse/neglect.
- Support for foster families that do not speak English well.

RESPONDING TO CHILD ABUSE CASES DURING THE COVID-19 PANDEMIC

The pandemic has brought enormous challenges to this work and required significant practical adjustments, some of which have been beneficial to families and the professionals who work with them. In terms of caseload, while the overall number of reports into the Careline decreased in 2020, the percentage of acceptances did not change appreciably during that year.

When asked specifically about their experiences related to the pandemic, the OMS Survey found that:

- 91 responses focused on families struggling to engage in services due to issues with technology
- 101 responses focused on families reporting their biggest struggles being child care and food insecurity
- 81 responses focused on families reporting feeling overwhelmed by resources and not knowing which ones to use.

Additional challenges brought about by the pandemic:

- The harm that some children are experiencing is effectively “invisible” during the pandemic. Many avenues for children to report have been reduced or eliminated, and case reports and referrals are down. DCF saw a drop of 23% in referrals received and a 27% drop in accepted referrals in 2020, relative to 2019.
- Treatment centers and services have been impacted by COVID restrictions.
- Families may experience challenges with using services via telehealth, if they do not have access to, or comfort with navigating, the necessary technology. Even with adequate technology, some children and families don’t do well with virtual health visits.
- Jury trials have been on hold, which interferes with the notion of a “speedy trial”. There are significant logistical challenges for courts to operate, including processes for indigent clients to apply for public defender services.
- There is a need to find a way to safely do face-to-face visits for child protection, such as meeting kids who are going to school in person, or in the pediatrician’s office. *(These restrictions may have eased since the height of the pandemic.)*
- The pandemic has served as a “wake up call” for the need to upgrade the state’s technology infrastructure.
- There is a disconnection between co-workers due to working from home/no physical engagement with peers; it’s harder to give colleagues support.

Beneficial adjustments for families and alleged offenders:

- Assuming the family has adequate technology, they might have a telehealth visit more quickly than they would have in person.
- Expanding use of virtual court hearings resulted in better attendance now especially for areas that are missing public transportation. Parents can attend hearings more easily, assuming they have adequate technology. Trips to court are reduced.
- Electronic filing of affidavits for restraining orders has spared victims the necessity of appearing in court.
- Parents are able to participate in visitations more frequently, and juvenile justice-involved teens are participating more with the virtual option.

Beneficial adjustments for professionals:

- There is a “paradoxical intimacy by bringing together people virtually” which enhances the effectiveness of meetings and hearings.
- Social workers are documenting cases better since they have more time to do it.
- Meeting virtually has a leveling effect compared to in person meetings; there are no issues with power dynamics of who is sitting where; “we are all in our little boxes”.

Looking ahead, there was a suggestion that preparations begin for increased disclosures at schools as children return to in-person learning.

The Multidisciplinary Team (MDT) /Child Advocacy Center (CAC) Response

"The model works well so long as all the individual parts are doing their job and pulling their own weight."

When asked about their experiences over the last three-year assessment period, at least 22 respondents cited improved communication and collaboration between professionals and disciplines within the system. Using words like "collaboration", "coordination", "communication", "relationship" and "teamwork", sample comments included:

- There have been increases in communication and follow up as well as greater communication between systems.

These comments cited different constellations of improved communication, such as better collaboration within the respondent's MDT, or between agencies such as the Office of Victim Services and other criminal justice agencies, and the State's Attorneys. There were also some mentions of better communication between DCF and the respondent's police department, although this is clearly an area of concern for other respondents as discussed below.

This increased collaboration has benefits for victims and their families, as noted in this comment:

- Working together minimizes reliving the experience for families/victims, eases the process.

While relationships between people is a key factor with enhancing communication, policies that support better communication and information sharing can also be of assistance (such as legislation that was passed requiring that the State's Attorney and the judiciary share increased information for criminal cases.)

Concerns about lack of coordination remain, however, with numerous comments that cited communication problems, a lack of coordination between agencies, or problems such as team members not consulting with other members or taking their experience into account before taking actions or making decisions. Ensuring that team members take the opportunity to contact one another outside of case review meetings also was raised by a couple of people.

The need to ensure that *systems* are designed to encourage collaboration and shared responsibility was mentioned, as was the need for more support and collaborative work across social service agencies and with law enforcement, health networks, and the courts. One possible suggestion was to create a state policy reform/oversight body for child welfare, modeled on the state's Juvenile Justice Policy and Oversight Committee.

CLARITY OF ROLES

"We need to continue to work with others by educating and partnering with shared power for a mutual understanding of our role."

From forensic interviewers to court-based victim advocates, there are at least nine professional disciplines that are involved in the investigation and prosecution of child abuse cases, each with its own role and responsibilities in making sure cases are handled appropriately.

An individual and collective understanding of each role, with its attendant constraints, powers, and responsibilities is a vital ingredient in the investigative, administrative, and judicial handling of cases of child abuse, maltreatment, and neglect.

Role clarity was explored in the OMS-MDT Survey. Of the 451 respondents, 61% strongly agreed with the statement that "Other team members understand my role on the team"; 30% somewhat agreed, 5.6% somewhat disagreed, and just under 1% strongly disagreed.

A question was also asked in the on-line survey about whether members of each discipline feel that colleagues in other disciplines understand their role.

Survey respondents were asked to rate the following statement on a scale of 1% to 100%:

My role is well understood by colleagues from other disciplines most of the time.

Responses ranged from 6% to 100%, with an average of 76% (with 75 responses)

When invited to offer comments about experiencing a lack of clarity about roles, at least 27 people reported some form of problematic experience or wish for greater understanding or respect by one or more other disciplines.

These issues can affect ongoing support for families; for example, in the OMS-MDT Survey, 26 responses focused on the lack of clarity on who provides mental health service referrals and how that is determined.

The experience of having other colleagues not understanding one's role was shared across the disciplines. These comments have had the discipline removed to illustrate this point:

- At times, other agencies feel that [my role] has more power than it does.

- I tend to have to educate [another roll] on what exactly my role is and what legally we are capable of.

This is consistent with the findings of the OMS-MDT Survey, which included 81 narrative responses focused on disciplines not understanding the guidelines and restrictions that other disciplines are operating under.

In addition to role confusion, inconsistent respect between the disciplines was discussed. These challenges may lead to perceived frustration with or blame for an unfavorable outcome in a case. Some respondents also emphasized the need to train members of other disciplines on the work of one's own discipline (e.g. prosecutors wanting child protective workers to have more training in what is needed to prosecute a case, and child protective workers wanting prosecutors or law enforcement to have more training in child sexual abuse and trauma).

FUNCTIONING OF MDTs

"MDTs demonstrate the importance of team-based care - no one person can do it all."

In the OMS-MDT Survey, 57.3% of the respondents (258 people), strongly agreed with the statement that "Case review team meetings help me with my work on cases"; 26.3% (118 people) somewhat agreed, and 8% (36 people) either somewhat or strongly disagreed.

Across the interviews, focus groups, and assessment survey, respondents cited improvements in the functioning of either their MDT, or MDTs more broadly, including continued MDT cohesion resulting in unified message and support, increased awareness of the MDT process among the community, and involvement of community-based organizations.

A number of MDTs were praised and seen as functioning well by participants. Sample comments:

- Collaboration on our MDT teams and community providers is excellent.
- Our MDT coordinator is exceptional, having a good understanding of all the roles the members play.
- I'm confident in the MDT I'm a member of; we work well together and our Coordinator communicates with us regularly keeping us updated and looped in.

Additional ad hoc meetings outside of regular case review meetings were mentioned as valuable and more such meetings would be helpful: sixty-eight people focused on the need for additional ad hoc meetings outside of monthly cases reviews in the OMS -MDT survey. A sample comment:

- Cases with challenges or barriers are usually discussed in case consults (pre-interview meetings, at MDT, throughout the case and one-on-one. I've observed cases with complex issues are discussed more frequently so everyone is on the same page.

Others had concerns about the variability of or functioning of some teams, including:

- Lack of consistent involvement from DCF and law enforcement (cited multiple times).
- We need to ensure consistent attendance by all team members so that relationships develop.
- The variability of team functioning is an issue – some areas function better than others.

Narrative responses from the OMS MDT Survey focused on:

- the need for more case planning and discussing versus updates (61 responses).
- too much information being presented on each case during meetings (31 responses).

One person observed that the function of each MDT across the state is as good as the buy-in from the different disciplines to follow the established protocols and for the MDT coordinator to hold a team to task in case reviews.

The issue of whether respondents felt they were getting sufficient information and support from their colleagues in other disciplines was explored.

On-line survey respondents were asked to rate the following statement on a scale of 1% to 100%:

I am getting the information and support I need from colleagues in other disciplines to move forward with cases most of the time.

Responses ranged from 1% to 100%, with an average of 75% (on 73 responses).

At other times, team members are not receiving all the records and information that they need to move forward in a timely manner. Sample comments:

- I have experienced a lack of pertinent information sharing among disciplines, not following the MDT best practices and supervisors not understanding the MDT process.
- I often find myself having to reach out to team members (sometimes get no answer) when I need follow up information; not just for me, but for the families.

- I need access to more information in a timely manner (737s, police reports, etc.).

Suggestions for improvements for MDTs:

- A yearly retreat for the MDTs would be invaluable. Teams work better when they get to know one another and [it's helpful] for bonds and connections beyond sitting in a conference room talking about child abuse.
- MDT Coordinators need the ability to enforce follow through of team recommendations.
- More trainings as a collaborative group to discuss process, outcomes of surveys (if they occur) to better understand needs of abused children and their non-offending caregivers.

The OMS-MDT Survey found a difference of opinion on whether to resume in person meetings post-pandemic; 71 responses focused on the need to incorporate virtual meetings post COVID, and 68 responses focused on the need to go back to in-person meetings.

JOINT INVESTIGATION PROCESS

"I think we often forget how intimidating this process can be to children and families."

Respondents had much to say about the investigative process. Improvements that were noted included more joint investigations with law enforcement and DCF. In addition to training, staffing, and resources issues related to investigations discussed in other sections of this report, the timing and consistency of investigations was brought up:

- In some large jurisdictions, there is a serious time lag between the reporting of serious abuse and its eventual investigation. This has led to cases that cannot be prosecuted or whose prosecution is seriously compromised.
- The investigation process and resources devoted to cases are not equitable and are different across jurisdictions; some smaller locations get a more timely response than larger areas.
- While there are dedicated workers looking to complete investigations, I find glaring discrepancies and gaps depending on who does the investigation. Some workers are more skilled and diligent than others; I do not find a consistent standard of care for how these cases are handled.

When working with families under duress, sensitivity, patience, and thorough follow up are needed. Some concerns arose about the nature of law enforcement interaction with families during the process:

- Police choice of language may be hard on families who are experiencing disruption and trauma.

Law enforcement also sometimes faces challenges with public perception of their role:

- People see law enforcement as service providers, but we are not social workers with guns and badges – there needs to be a clearer distinction.

Some prosecutors expressed the need to be more involved with certain details of investigations:

- Sometimes, other disciplines neglect to include prosecutors in the investigation aspects that we can be involved in, which would lead to a more well-rounded investigation and less work having to be done in a delayed manner.
- Allowing prosecutors to be present and involved in the [MDT] interview process without it affecting our ability to use the interview in court. It is crucial to the interview and investigation process that prosecutors are able to help gather the information that will allow us to move forward with investigations.

Issues were raised about working with school systems:

- Communication with school systems needs to be better — schools do too much on investigations on their own.
- There is a lack of support/ education from school administrators for sexual abuse investigations.
- There is no statewide requirement for standardized policies and procedures in the handling of child abuse disclosures for schools.

Issues around evidence arose, including the challenges of not having enough evidence to prosecute as described in these comments:

- Have rules of evidence clarified, including whether hearsay can be relied upon, respecting difference between child protection and criminal cases.
- Clarification of consent for sex assault evidence collection for youth 13-17 years old.
- There's a greater public awareness about child sex abuse and trafficking, but offenders are also more sophisticated and it's harder to get at them given the dark web and virtual IP addresses. It's like a "multilayered onion" and trying to establish timelines is made more difficult with applications like WhatsApp with messages that disappear.

Other issues concerning investigations were raised in these sample comments:

- We need to have more guidance with laws on grooming, it seems to be a grey area.
- It would be helpful to move to digitalized warrant signing.

- Sometimes there is push-back (resistance from taking case, not accepting cases, no investigation) for interviews/investigations from police because they are understaffed or have no resources/time so families aren't able to have access to all resources.
- More accountability from the court is needed for non-compliance with investigations.
- There is a lack of identification of and response to false allegations or complaints.

Concerns raised by respondents concerning prosecutions:

- Encouragement is needed within the legal community that these cases are worth pursuing.
- The statute of limitations extension is nice, but not necessarily practical. Now folks come forward 20 years later thinking that a prosecution is viable, and it may be, but proving it is an altogether different issue. That's disappointing to victims.

The relationship between law enforcement and DCF is complex and can produce tensions due to the differences in the primary focus of each discipline. A number of respondents mentioned the need for greater communication and collaboration between these two disciplines. The need to bridge the gap of understanding between law enforcement and child protective services regarding what DCF considers abuse and what police consider discipline within parental rights was also mentioned.

Several respondents said that it would be helpful if DCF's 45-day limit were eased, with a comment that the current limit time frame limits thorough investigations and partnerships. A couple of respondents suggested that perhaps law enforcement should have a set time for police to initiate and conclude their investigations that is comparable to DCF's 45-day timeframe.

Frustrations were also expressed about a perceived lack of "buy-in" and urgency in law enforcement response to these cases; some people felt that law enforcement was putting these cases on the back burner or not taking the cases seriously enough. Several people mentioned creating a specific group in law enforcement for child abuse, with a role like what has been done with intimate partner violence.

Additional issues were raised concerning DCF, including consistency about which cases DCF accepts and under what circumstances. Circumstances when DCF closes a case is inconsistent and sometimes appears uninformed. DCF coding in FAR appears to leave opportunity for unidentified abuse or neglect.

The perception of DCF often impedes family engagement for both the social worker as well as the service providers. The multiple mandates of DCF are often difficult to understand and navigate. Concerns with the turnover in child welfare staffing, inconsistent supervision, and needed training were expressed throughout the evaluation process. Lack of attendance at some of the case reviews impedes a collaborative process in the best interest of the family. The

interpretation that DCF can or should resolve any issues that arise within a family is counterproductive to a community-based approach.

Several people noted that there was room for improvement in how families are updated on the status of their case with sufficient support to understand the investigative process, and that families get information from so many sources, it can be overwhelming and confusing. There were also comments about the need to support victims who suffer consequences from revealing abuse:

- Put less pressure on the victim, protect them from repercussions and upheaval post-disclosure, and ensure they are the priority, with clear, enforced court orders regarding victim contact.

SERVICES PROVIDED THROUGH THE MDT/CAC PROCESS

“Victim’s voices need to be heard and respected throughout the process and their trauma needs to be better understood.”

“Caregivers are just as affected as the children but find it difficult to continue caring for the child emotionally because they don’t have the time or money to reach out to services themselves.”

“We need to look at the entire time length for families going through the process: before, during, and after a case goes through the process to see what services/resources could be offered.”

Respondents cited improvements in services and supports to families, such as improved effort to get children and families mental health services, access to victim advocacy, medical care, and greater knowledge of trauma and how it impacts the family's engagement in the process. In their response to the OMS-Caregiver Survey, 112 parents and caregivers focused positively on the support provided to them during the MDT/CAC process.

While there was a sense that services currently provided to families are generally of good quality, a significant number of respondents felt that there is a lack of sufficient services across the system and a more robust service delivery system is needed. Additionally, the 2020 OMS Caregiver Survey included 56 responses focused on parents/caregivers' needs for additional mental health support for themselves. Waitlists for services are a concern, and services need to be available regardless of case status. Consideration for siblings was mentioned, especially if the abuser is a member of the family. It also appears there is confusion for families when roles have similar names, but the professionals are involved in different parts of the process.

Duplication of services came up very briefly, with a mention that some services may appear to be similar on the surface, but there are differences between evidence-based and non-evidence-based services.

There was a suggestion that the availability of services should be mandated. Another suggestion supported stricter expectations for children to remain in their school of origin to increase connection to peers and their communities.

Respondents mentioned the need to have sufficient services in the following areas (*combined individual responses*):

- Early identification of risk factors and early intervention in high-risk cases, including intervention outside DCF
- Holistic health services (such as reiki) to help address trauma
- Home visits
- Intimate partner violence, especially during the pandemic
- Medical examinations
- Mental health and substance abuse treatment, including child psychiatrists, intermediate care options, and inpatient adolescent treatment centers
- School based services, including counseling and victim advocate hours in schools
- Services for families reuniting or for a child who was abused by a family member
- Services for youth with problem sexual behavior and also for youth aged 17 to 18
- Support for people with cognitive limitations, and also for people who not neurotypical and are on the spectrum
- Support for caregivers, including grandparents
- Therapeutic foster care, and additional options for committed youth
- Trauma informed care, including services for parents to better understand their role in supporting the victim.

Services need to be available across the state, without regard to immigration status or the status of the case, and also need to be culturally and linguistically appropriate as noted above. A suggestion was also made for a wider service array for protected class citizens, with opportunities for jobs and housing.

One geographic location has an advocate dedicated to working with men and boys, responding to the reluctance of young males to come forward with disclosure of their victimization and perceived bias within systems such as law enforcement and hospitals.

Possible service delivery system enhancements were suggested:

- Making sure that grassroots and faith-based organizations are not overlooked in service provision. Collaborative RFPs would allow smaller organizations to receive the benefits of infrastructure and data collection that larger agencies have.

- Making sure that providers and other professionals know what services are available, and how families can access them.
- Create a list and/or a map of contact information for relevant local resources – medical, DCF, police departments, etc. on a centralized website.
- More continuity between DCF caseworkers and families -- keep the same worker with the same family.
- More family advocate face-to-face communication/engagement with caregivers. After the forensic interview, we speak mostly over the phone. It would be nice to schedule check-ins in person to really engage with the caregiver.
- Moving toward “one-stop shopping” for families, and ensuring that criteria for providing services are flexible so as not to create barriers to service.
- Providing summer outreach to children; cases drop when school is on summer break.
- State investment in CACs to enable them to be a center where all things can be addressed (medical, investigation and treatment). The CACs can also ensure that the mental health treatment is the best possible treatment for an abused child.

Forensic interviews: A respondent described forensic interviews as “the single most important investigative tool” in the process. There was some difference of opinion as to whether forensic interviews are conducted in a reasonable length of time, which may reflect different experiences in different parts of the state.

There was a similar difference in opinion about the quality of forensic interviews, with some respondents feeling the interviewers are well trained and the interviews are well conducted, and others concerned about variations in quality and/or a lack of cultural competency. Opinions also arose about which disciplines should be able to be involved in the interview process.

Sample comments about the consistency, quality of interviews, and other team members’ understanding of the interview process included:

- Some other members of the team may not always keep in mind a developmental understanding of children and child victims.
- The wait time it takes for children to have a forensic interview can be a problem.
- We need a statewide policy on handling of forensic interview tapes and who has access to them.

Medical examinations: Of the cases recorded in NCATrak, 354 children received a medical exam in 2020. Similar to the forensic interviews, some people felt that there is improved access to medical exams, and others were concerned that there is an insufficient number of exams being conducted and that there’s too much variance across the state.

Improvements cited over last three years:

- Onsite medicals and grant funding.
- Improvement on access to medical care - satellite clinics have helped in this aspect.
- Medical person in MDT meetings to talk about medical care needs.

Medical professionals talked about the importance of integrating medical appointments into the conversation early on, with the goal or option of getting a medical visit on the same day or right after the forensic interview. Sample comments:

- By the time families have a medical appointment, they may not care or have the same buy-in as they would've had when the offense originally happened.
- Telehealth visits to families may be offered as a first step to meeting with a medical provider.

Physical abuse: Of the 1,660 cases recorded in NCATrak, 13% (or 211 cases) concerned physical abuse. A number of respondents raised the issue of whether physical abuse cases are going undetected, and whether these cases are getting the attention they require. Additional issues raised included:

- We need to make sure that children experiencing serious cases of physical abuse are getting a forensic interview.
- Training is needed on physical abuse to make sure that cases are properly identified.
- Physical abuse cases can be prevented if family court judges considered the domestic violence arrest of the perpetrator.
- Inconsistent definition of severe physical abuse.

Trafficking: Of the 1,660 cases recorded in NCATrak, 5% (or 76 cases) concerned trafficking of the child. A number of respondents mentioned that the state's response to trafficking has improved over the last three years, including advocacy, awareness, the HART Team, MDT response and service providers. Other respondents raised concerns that human trafficking - or the red flags for those at risk for trafficking - was being ignored. Domestic minor sex trafficking was one of the topics on the list of requested trainings, as listed below.

COURT SYSTEM

"Family court system needs to realize how the abuse is impacting children instead of making them just criminal cases."

The right to confront ones' accuser is guaranteed by the U.S. Constitution and case law provides when victims can testify remotely. At the same time, being in the court room with the perpetrator often adds another layer of trauma for the victim, and it is also challenging for

victims given the passage of time that is likely to have occurred between the abuse and the court appearance. Sample comments included:

- In one case, the perpetrator served as his own attorney, and was therefore permitted to cross-examine his 11-year-old victim at length.
- I think it is tough that children have to testify in court at times in front of their alleged perpetrators. I want children to feel safe and when they testify they should be in the courtroom with just the judge and not in front of perpetrators.

Navigating the court system is challenging at best for families and their children. Issues raised included:

- An improvement would be to become more aware of the family's barriers and ability to understand the legal language used in court, and increase support to families so that the court process is easier to understand and navigate.
- Court advocates not being able to arrange for a child to have lunch or be fed, even if the child is in court for hours or a full day.

As in other areas, time delays arise from a lack of information flowing from one part of the system to another. There are also complexities caused by the interaction of criminal and family court. For example:

- The criminal court wants to know what's happening in family court, and vice versa. The information flow back and forth can cause delays.
- Both courts do not communicate or consider cases in each other's rulings. For example, if a parent is arrested for sexually abusing their child, then family court should consider this for custody rulings. More often than we would like to see, the non-offending caregiver finds themselves in a difficult situation of having to obey the ruling of offender having access to the other children in the family "because they were not victimized by the offender" but courts not realizing that this still leaves the victim exposed to the offender and allows a possibility of the offender continuing to abuse other children.

This comment illustrates the multiplicity of interactions with the court system and the impact on victims and their families:

- The hearings never end and victims are never able to leave the criminal justice system.

Respondents suggested procedural changes which might improve the prompt and successful resolution of civil and criminal court proceedings:

- Have these cases prioritized for trial/disposition (allowing the prosecutor to influence the schedule).
- Have more expert witnesses available for trial, and a more standardized schedule of when the cases would be tried.
- On-going updates from the Court Improvement Committee to understand what is currently being worked on.
- Have available videos, brochures, resources in multiple languages to better prepare the child and families for the court process.
- Create a Constitutional Amendment to establish a remedy when a victim's right is violated in criminal proceedings.
- Victims are required to get notice of pleas, but it is not uncommon for victims to receive inadequate notices and therefore the victim has no ability to address the court or influence the process. This violates victim's rights when the court, and the parties, are eager to plea bargain a case and the victim is not present. Even if the victim speaks at sentencing, they've missed the opportunity to speak concerning that plea. A constitutional amendment is needed to allow a remedy if the victim's right is violated by not having input into the process as is currently required.
- Both courts need to improve the time that it takes for convictions to happen to allow time to heal.
- The penalties for and collateral consequences of child sex assault cases are so onerous that many children are forced to go through a trial, or we reduce the charges to get a plea, so kids don't have to testify/go through a trial -- maybe reworking the statutes to allow more flexibility.

TRAINING

A few respondents mentioned improvements with the variety of training being offered, and better access to first responder training. The virtual training through the Response to Recovery Conference offered this past year was welcomed. Yet the need for training looms large, with many respondents suggesting topics that would be of assistance to the field. Several respondents suggested that certain training topics be mandatory, especially racial bias, trauma and trauma informed care, and Finding Words.

In summary, training was requested to be:

- Affordable and accessible statewide
- Designed to address identified barriers within the system
- Eligible for CEUs
- Inclusive of best practices and evidence-based training
- Inclusive of refreshers as well as basic training
- Supported by state funding

Trainers requested that there be a large enough pool of trainers to prevent burnout.

Minimal Facts: A number of respondents felt that over the last three years there has been a better use of the Minimal Facts approach from first responders and investigators, both DCF and law enforcement. However, other respondents felt that there's too much investigation without the forensic piece, and over-interviewing of children:

- The term "Minimal Facts" is well known, but not everyone has a clear understanding of how to use that practice. Law enforcement, DCF, and other disciplines sometimes gather more information than is needed.
- More training is needed on Minimal Facts, especially with high turnover within DCF.
- There should be consequences instituted if Minimal Facts is not followed.

There was also a suggestion to make sure that requirements to serve as an instructor for Minimal Facts are not overly burdensome.

Finding Words: Suggestions were made that Finding Words training be mandatory across the disciplines, with perhaps a shortened version for non-investigators, attorneys who represent children and parents, and defense attorneys. In a world of limited resources, a practical question was also raised in this comment:

- If we don't have enough interviewers, is it better to train twelve people who will actually become interviewers, or sixty people, two of whom will become interviewers?

Additional specific suggestions for training as described by respondents included the following topics and approaches (this list is not ranked but given to illustrate the breadth of responses):

- **Training about what each role encompasses**
- **Cross training** for both new staff and as a refresher, including forward facing staff. As an example of cross training, a police department arranged for law enforcement to attend court for three days to see how the process works.
- **Team training**
 - Better ways to collaborate as a team, including virtually
 - Consider training collaboratively so all team members are afforded the information as a group
 - Trauma informed care

- **Discipline specific training**

- Judicial - training for judges and the judicial staff on issues related to sexual abuse and problem sexual behavior
- Law enforcement – new recruits, patrol, and detectives; training in child sexual abuse; initial police response, advanced specialized training (*Combined individual responses*)
- Prosecutors - including advanced training, also together with law enforcement; cross-examination of defense experts (*Combined individual responses*)
- First responders
- MDT Coordinators – standardized facilitator training
- Schools - including addressing punitive education practices

- **Investigations**

- How investigations are conducted, including the process and the players involved. Perhaps going out and observing an investigation being conducted.
- How systems within the MDT operate – training done by law enforcement on central tenets of an investigation, aspects of a DCF investigation, etc.
- Joint investigations

Other topics:

- Child abuse (physical and sexual), neglect; trafficking; dynamics of abuse
- Child development
- Cultural competency, including immigrant communities, cultural aspects of suspected abuse cases
- Components needed for successful prosecution of cases
- Domestic minor sex trafficking
- How to work with non-offending parents that do not believe their child regarding disclosure of sexual abuse or severe injury.
- Implicit bias, including within the court process and service delivery system
- LGBTQ youth; particularly trans youth
- Mandated reporter training
- Prevention
- Trauma, trauma informed care, trauma reactions

Suggestions from the OMS-MDT Survey also included a number of the areas listed above. The top five choices in the OMS Survey were:

- How to identify signs of abuse when interacting with families virtually

- How to best support families when interacting virtually
- Working with diverse populations and what it means to be culturally sensitive
- Joint investigation process through disposition
- Understanding federal law enforcement's response to child trafficking cases

In addition to training professionals, there were suggestions to offer training and education to the wider community as described by respondents:

- Awareness training for community members on abuse and identification.
- Community engagement and outreach to families
- Early prevention training for children.

RESOURCES

Respondents cited improvements in access to certain resources over the assessment period:

- Transparency, access to resources without substantiation, more resources for the MDTs.
- Identifying gaps and barriers and identifying resources for the weakest areas of service.

In addition to addressing the training, cultural competency, racial equity, and service needs discussed in earlier sections of this report, respondents made the need for additional resources abundantly clear. The following areas were listed as needing an infusion of resources:

- Basic needs for families – income, affordable day care, housing, etc.
- Children's Advocacy Centers
- Child Protective Services staff to lower caseloads
- Forensic interviewers
- Judicial system – courts
- Mental health services for caregivers and victims
- Municipalities, including ensuring the state covers the cost of state mandates
- Police officers, including:
 - Expand Special Victims Units in law enforcement; consider partnering with DCF members in a specialized unit
 - Officers in large urban police departments
 - Officers specializing in child sex abuse cases
 - Role similar to what some departments have done with intimate partner violence
- Preventive services
- Prosecutors, including resources for data entry

A wish was also expressed to have more resources to enable greater focus on cases and less time taken up by administrative work (including data collection), with the hope of leading to better outcomes.

The potential wave of state-employee retirements in the next few years was also mentioned as potentially impacting the state's ability to process cases.

CARE FOR THE WORKFORCE

"We can't have unhealed people working with unhealed children. It perpetuates the cycle of trauma for both parties."

This work is challenging on many levels, and respondents raised issues around making sure that the workforce is well cared for and that understaffing, turnover, and vicarious trauma is addressed:

- Therapists, advocates, and case workers who work with traumatized children can be triggered or restimulated by their traumas. It might be helpful to have some sort of requirement in place where they have to be in therapy to retain their positions.
- Working virtually during the pandemic has heightened the challenges of separating work and home life; having case files at home makes it harder to find respite from this work.
- Find ways to reduce turnover and keep detectives engaged in this work for at least a couple of years.

ACCOUNTABILITY

Going through an investigation and in some cases, prosecution of a child abuse case is not a simple or easy process for victims and their families, and there is no guaranteed outcome. Even with a conviction, victims may not feel like the offender has been held accountable, especially given how long it often takes to process cases.

Respondents discussed the issue of accountability, the difficulty of getting convictions, and re-offense by some perpetrators:

- What happens when the alleged offender receives services, but doesn't admit to what happened and then goes on to abuse others? Offenders may be on registries, but they can also learn how to not get caught.
- Repeat offenders that do not face criminal charges due to concern of credibility, lack of evidence, or no cooperating victim (often in sex abuse cases).
- Do we have the ability to accurately assess the risk of re-offending?

- Addressing the issue of finality with convictions is crucial. Victims shouldn't be retraumatized every couple of years because their abuser has endless habeas rights.
- We should require that the offending parent be held accountable, and not just by the court as a result of criminal charges.

The balance between the rights of the victim and the rights of the accused was discussed:

- At times it feels like the victim is being treated more like the perpetrator than the actual perpetrator.
- Victims don't have access to information in cases with juvenile offenders.

Comments concerning community protection and probation:

- Probation officers who handle high risk offenders have developed expertise to protect the community and respond appropriately to the offender.
- Offenders who are on probation in Connecticut may want to move to another state; it's important to look at how that other state would handle the offender being listed on their sex offender registry.

Several respondents also mentioned the need for meaningful sentencing and longer time in prison for offenders.

What are the pathways to recovery that come from outside of the system? As one interviewee noted, "healing comes in different forms", some of which are outside of the court system.

OFFENDERS AND ALLEGED OFFENDERS

While much of this report focuses on the state's response to child abuse from the point of view of professionals working with victims and families, procedural fairness and efficient due process for the accused is also required. There are layers of complexity to these issues, as the process of investigation and prosecution of child abuse cases impacts offenders and their families – often the same family as the victim.

When the relationship of the alleged offender to the child was known, 30% of the offenders were the child's parent or stepparent in the cases seen by CACs in 2020. Another 30% of alleged offenders were either another relative of the child, or the parent's boyfriend or girlfriend.

Issues raised for the accused:

- Families are disrupted and there can be restrictions to stay away from other children which disrupts the family. No contact orders can prohibit contact for many years which may have negative as well as positive impacts for family members.
- Limits placed on where the person can go, and limits on usage of the internet, can create issues with employment and economic disruption. Family members can experience instability or become homeless and seek support from the state.
- Timing issues:
 - Alleged offenders also experience the long wait during the process.
 - There can be a wait for probation beds.

Treatment for offenders and for people showing problem sexual behavior was also mentioned:

- We need programs to teach young offenders about sex.
- We should mandate individuals who exhibit problem sexual behavior (including the abusers) to complete their treatment or evaluation.

The desire to create a stronger partnership between DCF and the Public Defender's Office was also mentioned.

JUVENILE JUSTICE

When the age of the alleged offender to the child was known, 16% of the alleged offenders were under the age of 18 in the cases seen by CACs in 2020.

In the area of juvenile justice, several respondents said that relationships among disciplines have improved after moving children from DCF to CCSD. Other improvements mentioned:

- Victims are better represented than they were a few years ago; we have advocates working in juvenile court and better systems in place to get information and support to victims.
- More services are being provided to juvenile offenders so that instead of focusing on punishment, we focus on making sure they don't reoffend.

However, other respondents raised concerns about the lack of services and treatment for juvenile offenders and youth with problem sexual behavior, noting that there are offenders who could have benefitted from high quality sex offender treatment and thereby avoided offending in the future.

Other issues were raised:

- We need victim advocates in juvenile courts.
- Confidentiality is needed under the age of 18 no matter what the crime or transfer.
- Attorneys who represent children in child abuse/neglect cases in juvenile court are required (generally) to represent the child's express wishes (and not the child's best interests except in certain circumstances). Those ethical rules are not always understood by others.
- Victims don't have access to information in cases with juvenile offenders.
- Raise the lower age of juvenile court jurisdiction from seven to twelve so that young children are not arrested and handled in a criminal fashion. Decriminalize low level infractions and misdemeanor offenses for juveniles. Reduce transfer of kids to the adult criminal court and DOC.

GTFJAC AS A TASK FORCE

In addition to the issues explored above, consideration was given in the one-on-one interviews and the on-line survey to the functioning and work of the GTFJAC as a Task Force. (The focus groups were concentrated on gathering information from each discipline and the consultant did not raise issues concerning GTFJAC in that setting.)

The survey asked if the respondent was a member of GTFJAC, and if so, the survey software automatically led them to a page asking for comments on the Task Force and these questions:

- Thinking about the internal functioning of the Governor's Task Force, what one or two aspects of the way the group functions are working particularly well?
- What one or two improvements or changes would you like to see in the way the Task Force accomplishes its work?

Findings

There was some difference of opinion about the overall functioning of GTFJAC. Some felt the Task Force is a high functioning body, and others felt a sense of stagnation and that there's more that GTFJAC could be doing.

There was praise for collaboration, tracking communication, improved education and presentations, open discussion, transparency of funds and decisions, and the opportunity for people from different disciplines to meet, develop relationships, address systemic issues, and take information back to their individual disciplines. Additional positive comments:

- The Task Force is doing a great job in the attempt of standardization to ensure children and families have the same access to the same forensic process when a disclosure is

made and services across the state and in identifying the barriers in different catchment areas and collaborating with teams in those areas to overcome identified areas needing improvement.

- I think the Task Force does an excellent job--but there is always room to improve our service to the children of the state and we need to continue to strive for that.

Structure, format, and meetings: There was praise for the Tri-Chair and subcommittee structure with lessening the hierarchy, increasing partnerships, and helping to keep GTFJAC on track. A mention was made that discontinuing the Executive Committee was a good decision, since all Task Force members now receive the same information. There was also a concern raised about members on the Task Force who could participate in a more substantive way. There was praise for meetings being well run, and also a couple of suggestions to streamline and shorten the length of meetings and to consider conducting more routine business via email.

As with other types of meetings during the pandemic, interviewees noted better attendance with virtual meetings, with some suggestions that a virtual format be considered post-COVID, and others expressing support for returning in-person. A mention was made that once in person meetings are possible, an all-day meeting be held to review what the group was and was not able to accomplish during the pandemic.

Membership: A mention was made that "there's room for this group to grow." Constituencies that need more representation or involvement:

- Children with disabilities
- Law enforcement with hands-on experience
- More MDT involvement with members that are closer to the work.
- Parents and survivors with recent, lived experience.

Data: Several people mentioned the need for GTFJAC to become more data driven, as "things are not the same as they were five years ago". More outreach to experts outside of the Task Force could be called upon for input, and additional sources of data could be tapped:

- Careline could have a bigger role within the Task Force.
- A national perspective of how other states are organized and perform their tasks.

Workplan and focus: Overall, the need for more clarity on GTFJAC's purpose was a theme throughout the assessment. For example, several members mentioned the need for a more focused agenda and tangible results for the Task Force, including creating strategies, key goals, and an action plan to measure progress throughout the year.

There was an observation offered that the Task Force has spent a fair amount of time on trafficking, and another that the Task Force may have been overly focused on MDTs, with suggestions that the wider child protection universe be considered.. The possibility of increasing the visibility of GTFJAC was also mentioned, and there was a call to examine whether GTFJAC is maintaining the system, rather than working to improve it.

Sample comments suggesting possible areas of focus:

- Creating a formal way to address problems with services for victims.
- Some focus on services for neglect cases and termination of parental rights. Sexual abuse/trauma have tended to be the overwhelming focus of the group.
- Looking at systemic issues to ensure children no matter what part of the state they live in will receive the same process and access to services. Identifying those areas needing improvement, recognizing the barriers, and requesting improvement plans to mitigate the identified barriers, as well as offering suggestions and trainings.

Public policy: Support was expressed for GTFJAC members to build awareness of and focus on public policy priorities that affect child victims of abuse, including polyvictimization and not solely sexual abuse or human trafficking. A cautionary note was also struck by another respondent about wading into the legislative arena as a task force.

Comments on the assessment process

A few respondents expressed thanks for the assessment process and encouraged continued efforts to gather this type of information. Sample responses:

- More efforts like this to get the perspective of frontline workers is needed. Too many policy wonks who either have never worked in the field or haven't worked in the field for years are making rules and policies that might satisfy certain groups but not the people we are entrusted to serve.
- Thank you so much for speaking with us and hearing our concerns. It is only when we have people who care and create these forums that things can begin to change. Thank you again to you and Governor Lamont for this task force. I greatly appreciate your intent listening and willingness to explore.

APPENDIX A

INTERVIEW QUESTIONS FOR KEY INFORMANTS

As part of the 3-year assessment process required under the Children's Justice Act for the Governor's Task Force on Justice for Abused Children (GTF), we are interviewing people with knowledge and experience with the various systems that protect children from abuse and hold adults accountable.

We are focusing on four areas:

- Investigations (Law Enforcement and DCF)
 - Prosecution
 - Services for families
 - Offenders and alleged offenders
1. In your role as [INSERT TITLE/ORGANIZATION}, which parts of the system do you interact most closely with?
 2. What improvements have you observed over the last three years in the 4 areas (investigations, prosecution, services, offenders)?
 3. Thinking about how these systems interact as a whole:
 - If you were talking with someone outside the state of Connecticut, what would you say is working well in our state?
 - Where do cases get stuck or fail to protect children and hold adults accountable?
 - Where is there unnecessary duplication of effort?
 - What are the ripple effects from how actors interact (or don't interact)? Unintended consequences?
 4. Looking forward to the next 3 years, what improvements would you like to see in the four key areas that we talked about?
 5. Touch on these areas if topics did not arise naturally:
 - Testing innovative approaches to improve civil/criminal court proceedings or effectiveness of judicial/admin action

- Policy reform to provide protection for children
6. Thoughts about the Governor’s Task Force and its functioning over the last 3 years.
 7. Who else do you recommend that we connect with, either by a phone interview or via a survey?
 8. Anything else you’d like to share?
-

SAMPLE FOCUS GROUP QUESTIONS

- What is your role in responding to child abuse?
- What improvements have you seen in the least three years that have been helpful for families going through the process?
- What are the biggest gaps and barriers that you see for families going through the system?
- How have language and/or cultural barriers impacted your work?
- If you could improve or change something about how your role works, what would that change be? Limitations?
- What barriers are there to collaboration with other disciplines?
- And if you could change something about other disciplines, what would those changes be?

Two to three additional questions were tailored for each discipline.

ON-LINE SURVEY QUESTIONS

Improving Connecticut's Response to Child Abuse & Neglect

We are interested in your honest opinions.

Your responses to this questionnaire are anonymous and confidential, and will be used to help us to improve the state's response to child abuse and neglect.

Thank you for your help!

1. What is your professional discipline?

- Child Protective Services
- Court Based Advocate
- Forensic Interviewer
- Law Enforcement
- MDT Coordinator
- Medical Professional
- Mental Health Professional
- Prosecution
- Public Defender
- Victim Advocate
- Other (please specify)

We are interested in four broad areas concerning the state's response to child abuse and neglect:

- Investigations (both Law Enforcement and DCF)
- Prosecution
- Services for children and families
- Offenders and alleged offenders

Please keep those broad areas in mind as you answer the next few questions.

2. What improvements have you seen in the last three years that have been helpful for children and families going through the process of having their case investigated?
3. What are the top three system barriers or service gaps you feel most impact neglected and abused children in CT?
4. Have language and/or cultural barriers impacted your work? If so, how?

We will now ask you to think about your role in responding to cases of child abuse and neglect.

5. *Respondents were asked to respond to this statement using a sliding scale:*

My role is well understood by colleagues from other disciplines most of the time.

0% - Role not understood by colleagues --- 100% - Role well understood by colleagues

6. If you have experienced a lack of clarity about roles that has caused problems in your work responding to child abuse cases, feel free to comment:

7. *Respondents were asked to respond to this statement using a sliding scale:*

I am getting the information and support I need from colleagues in other disciplines to move forward with cases most of the time.

0% - Not getting info & support I need ----- 100% - Getting info & support I need

8. Optional comments about getting the information and support you need:

9. If you could improve or change one thing how your role works, what would that change be?

10. If you could improve or change one thing about the functioning role of other disciplines, what would that change be?

11. Have you seen problems that come up again and again in the way cases are handled, without being adequately addressed? If so, what are those problems?

12. What additional resources and/or training would make it easier to do your job with regards to these cases?

Just a few more questions!

13. From your perspective, what would improve civil and/or criminal court proceedings in child abuse cases?

14. What policy or legislative changes do you feel are necessary to help CT's children?

15. Are you a current member (or the designee of a member) of the Governor's Task Force for Justice for Abused Children (GTF)? If yes, we will ask you three questions about how GTF functions. If not, we will skip you ahead!

We have three questions about GTF as a Task Force.

16. Thinking about the internal functioning of the Governor's Task Force, what one or two aspects of the way the group functions are working particularly well?
17. What one or two improvements or changes would you like to see in the way the Task Force accomplishes its work?
18. Any other comments on the Task Force itself?

We also believe in the importance of gathering information directly from survivors of abuse and neglect and their families.

Again, all responses are anonymous.

19. If you, or people that you know personally, have lived experience with these issues and you would like to share thoughts about how child abuse cases are handled from that perspective, please feel free to add thoughts here.
20. Please share any final observations, opinions, concerns and/or recommendations.

We have deep gratitude for your time, your thoughtful responses, and your work on these issues.

Thank you for your help!

CCA Annual Demographic Data	2018	2019	2020
Total number of children served at the CAC	1,444	1,725	1,528
Gender of children:			
Male	379	421	366
Female	1,058	1,298	1,155
Undisclosed	7	6	7
Age of children at first contact with center:			
0-6 years	354	400	353
7-12 years	439	587	479
13-18 years	651	729	696
Total number of alleged offenders:	1,279	1,493	1,313
Relationship of alleged offender to child:			
Parent	295	370	315
Stepparent	80	94	83
Other Relative	277	332	283
Parent's boyfriend/girlfriend	93	113	119
Other known person	440	504	423
Unknown	110	102	108
Age of alleged offenders:			
Under 13	90	79	50
Age 13 to 17	159	210	163
Age 18+	764	939	843
Alleged Offender Age Undisclosed	292	266	261
Types of abuse reported:			
Sexual Abuse	1,220	1,407	1,284
Physical Abuse	206	236	199
Neglect	46	71	53
Witness to Violence	15	34	17
Drug Endangerment	1	1	7
Other	21	25	19
Race or ethnicity of total children seen at CAC:			
White	532	678	566
Black/African American	218	263	224
Hispanic/Latino	455	549	456
American Indian/Alaska Native	3	6	3
Asian/Pacific Islander	10	18	14
Other	171	183	254
Undisclosed	55	28	11