



TO: State of Vermont Committee on Child Protection  
RE: Testimony prepared by the Windsor County Special Investigation Unit  
DATE: September 11, 2014

### PRESENTER PROFILES

Good morning and thank you for the opportunity to appear before this panel today. We represent the Windsor County Special Investigation Unit and its two affiliated Child Advocacy Centers (CACs).

Martha Neary has over 15 years protecting Vermont children, most notably as the former Deputy State's Attorney with the Windsor County State's Attorney's office and as the prosecutor dedicated to Windsor County's Special Investigation Unit (SIU). More recently, Martha left the State's Attorney's office to assume a new role of SIU Interviewer for Windsor County. This role was created as part of a forensic interviewer pilot for the State of Vermont. The goal of this project was to create a model where an independent interviewer conducted neutral, legally sound interviews of child victims of abuse and adult victims of sexual violence. The position offers not only neutrality, but consistency among victim interviews. Martha leads a monthly peer review for other trained investigators and interviewers from around the southeast region of Vermont. That peer review group includes child protection investigators, law enforcement and dedicated forensic interviewers. Martha currently serves on the Vermont Citizen Advisory Board (VCAB) tasked with examining the efforts of Vermont agencies in the deaths of Dezirae Sheldon and Peighton Geraw.

Julie Gaudette is the Director of the Windsor County Special Investigation Unit and the Child Advocacy Center at The Family Place in Norwich, VT. Julie has been in her position for nearly 5 years and in that time has worked with community partners to establish Windsor County's second Child Advocacy Center serving the Springfield Agency of Human Services (AHS) district and in the creation of multi-disciplinary work practices that mirror one another for both of Windsor County's AHS districts, each in an effort to ensure access to victim services and consistency at the investigative and prosecutorial levels. As mentioned above, Windsor County also embarked on piloting the forensic interviewer model. This model has since contributed to the decision of both Orange and Windham counties to implement a similar approach and allowed for other counties to consider a move to it. Julie serves on the Vermont Children's Alliance Board of Directors and works closely with the other CAC and SIU Directors from around the state, frequently providing opportunity for information sharing, and strategizing on common, challenging areas that can improve child protection efforts.

### CHALLENGES FACING SIUs, AMENDING ACT 1

It is important that we recognize that child protection extends beyond the reaches of the Department of Children and Family Services. To do our jobs effectively, we collaborate with a

number of different agencies and stakeholders that play a role in a child's protection. We celebrate our successes as a team and should equally share in its failures and the corrective actions that result.

SIUs and CACs cannot develop overnight. It's not reasonable to believe that a team spanning 8 disciplines, many of which are provided as in-kind (without additional funding) to hit the ground running. Over the last 5 years in Windsor County, we have worked diligently and successfully in bringing our community partners together, united in one mission; however, we have seen, first hand, and tried to overcome where home agency policies, procedures and/or departmental, agency or town politics hinder or make efforts more challenging to carry that mission out. SIUs and CACs across the state have either experienced or are experiencing the growing pains that are associated with community collaboration. Partner relationships among agencies are at the forefront of our work. These relationships allow for us to respond to cases with efficacy and create opportunity for our unit to do preventative work that could help decrease the amount of work we do reactively. When we lack these cornerstone partnerships, we spend more time developing relationships than meeting the needs of the children and families we serve.

We understand that funding is limited and we further understand how individual municipalities wish to remain under local control, however, we look to the Legislature to expand the SIU mandate to *require* the cooperation and participation by all police departments, state police, DCF offices (including DCF's special investigation unit), State's Attorneys, mental health services, medical personnel, corrections, child advocacy and SIU staff, and victim advocates from the Domestic and Sexual Violence network. Other states from around the country have legislated the use of Child Advocacy Centers, multi-disciplinary teams and/or Sexual Assault Response Teams when responding to allegations of both physical and sexual abuse. Vermont's Act I provides the foundation for that expectation, but does not *require* the level of participation necessary to effectively implement. SIUs submit bi-annual collaboration reports to the state, however, local and state agencies need to be held accountable for their participation or lack thereof. Participation can look different; it may mean the dedication or co-location of a staff member to a SIU or, from the other end of the spectrum, municipal funding to support a dedicated team that responds to SIU related allegations in a particular community.

SIUs were developed off the foundation of CACs and expanded to include all cases of child abuse (including child fatalities) and sexually based offenses committed against adults. SIUs do not base their outcomes on number of convictions, confessions, and substantiations alone. We provide a team of services where regardless of whether an allegation is pursued criminally; we were able to provide victim advocacy, therapy and case coordination. Engagement with victim services is equally as important as the investigation and subsequent prosecution when applicable. Homicides carry the same penalties as SIU related (L&L with a child and assault) cases, yet our victims are most often still alive. These offenses require a trauma informed response by a dedicated team of individuals, sharing a victim centered response with an offender based outcome.

### ACCESSING THE SIUs

This Child Protection Committee heard testimony in August that DCF received over 17,000 reports of abuse and neglect last year, in which fewer than 30% of those reports were accepted. Of those 30%, the accepted reports that launch a Chapter 49 investigation track into either serious physical abuse, child fatalities or sexual abuse are the portal into the SIUs.

It is our recommendation that this panel seek testimony from DCF's Central Intake Unit and District Director and/or Supervisors for more information on report acceptance and perhaps establish a networking system that allows for the offices to review previously accepted reports as a precedent for those "judgment calls" where clearly the focus needs to be on the safety of the child and not whether the report meets the criteria of a Policy 51.

### SIU OBSERVATIONS AND RECOMMENDATIONS FOR IMPROVEMENT

Based on our own experience here in Windsor and in observing and collaborating with SIUs from other areas around the state, we offer the following recommendations:

1. **OBSERVATION:** Shortage of medical personnel board certified in the subspecialty of child physical and child sexual abuse. Vermont has limited programs and trained medical personnel in this area.

**RECOMMENDATION:** Vermont hospitals should look to offer programs similar to those in St. Johnsbury and through the Child Advocacy Protection Program (CAPP) of Children's Hospital at Dartmouth and its partnership with Fletcher Allen to begin weighing how similar programs can be offered and accessed by the population they serve.

In the interim, and moving forward should these medical programs form, first responders, particularly DCF and law enforcement (beginning at the academy) should be trained and required to solicit immediate medical advice/triage for all reports of suspected physical or sexual abuse regardless of visible physical injury for children 3 and under and as a matter of good practice for children older than 3 years of age. Trained, medical staff (as suggested above), are better inclined to advise on the need for skeletal or neurological exams, as in the case of shaken baby or serious physical injury that may be overlooked by the untrained eye.

2. **OBSERVATION:** SIUs are designated by county, but may serve multiple AHS districts within county boundaries. Interpretation of DCF policies among the districts can lead to inconsistency in investigations and inconsistency in case filings. Further, DCF offices may be subject to preferential differences by serving multiple county offices (i.e., State's Attorney's office) and courts.

**RECOMMENDATION:** We recommend that AHS consider realigning its districts with county boundaries. For example, the Springfield DCF district seems to have a "cleaner" coverage area to coordinate with the Windsor County SIU now that the Brattleboro district office covers Windham County through to Bellows Falls, formerly part of Springfield DCF's district.

3. **OBSERVATION:** ACT I training in schools and with other mandated reporter agencies is disparate and may leave schools to their own devices to access resources.

**RECOMMENDATION:** Designate the SIU to support and be the lead resource on accessing mandated reporter training, providing local, multi-disciplinary faces and procedures and offering referrals to prevention and education trainers and programs (such as those provided by the Domestic and Sexual Violence Network) in order to comply with ACT I Department of Education requirements.

While we understand some of these actions may require funding studies, we remain committed to being solution-oriented and offer our support in exploring these recommendations, cost analyses and the creation of implementation plans in order to achieve high quality, low cost results through existing resources. Thank you for your time and consideration of this testimony.