



Joddie Walker, Executive Director of Adams County CHILDREN'S ADVOCACY CENTER and Exec Member for Chapter of MULTI DISCIPLINARY TEAM/CHILDREN'S ADVOCACY CENTER's

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Good morning. I am so thrilled to be here, a turning point in time, a part of history in the making as PA embraces an opportunity to review our strengths, areas of improvement all for the safety and protection of children of our State. To provide you with a brief review of my background, I have worked with the most vulnerable victims of violence for almost 25 years in varying capacities ranging from running a domestic violence court, victim advocate for families of homicide, preparing hundreds of children for testimony and responding to victims during 9/11. This work experience has primarily been within the walls of the criminal justice system-giving me a firsthand glance into the culture of a discipline brings barriers to communication with other disciplines and most importantly for today's discussion: the systemic trauma a system can inadvertently impose when it is not child centered. I have witnessed this different jurisdictions. I have also witnessed jurisdictions where CHILDREN'S ADVOCACY CENTER's have existed and the inclusive model where a MULTI DISCIPLINARY TEAM exists. It does not matter if the jurisdiction is in Canada where I have spent half of my career or here, in the United States. Now, as a Nationally Credentialed Advocate, National Speaker and Committed Director of the Adams County Children's Advocacy Center, I am here today-to help you understand that the CHILDREN'S ADVOCACY CENTER model is the BEST model, no, the ONLY Model for bringing together multiple disciplines, reducing trauma (both primary and systemic trauma); increasing the success of the investigations and ensuring that justice prevails for those guilty or innocent.

I will not sugar coat things to emphasize my points. In our current roles, we have all had to intersect with different disciplines-we know that mandates, personalities, legislation and world view differences all come into play when we work alongside another. Frustrations mount, individuals carry historical differences and contempt is a breeding ground for people to draw lines in the sand. And what's lost in all this? The child. The family. The truth. But what if those same disciplines worked together-not just case by case but actually carved time in their week-precious time that we never have enough of-to not only see what is in front of them that day but what a vision of the future

could look like for the hundreds and thousands of cases to come-that's what happened in Adams County, PA-7 years ago...

In Feb. 2006, I was hired to be the Adam's County CHILDREN'S ADVOCACY CENTER first Exec. Director. A now officially registered Non-Profit governed by a Board of Directors-but my Board at this time wasn't comprised of business folks and bankers but rather-Children and Youth Services workers and supervisors, Law Enforcement, Prosecutor and his staff and caring, committed community members. And so, I knew my role was easy as I didn't have to convince these disciplines that working together and doing joint investigations was the best model-they already knew this. So, in the next 6 months-we all sat around a table-while they continued to respond to cases-writing an Interagency Agreement (to work together), re-writing our county's Investigative Protocol to now include Minimal Facts Interviewing, Forensic Interviewing, video taping, and case management. All these details could not have been captured by me alone-as the disciplines provided input on the logistics, assuring details such as chain of custody were captured in those protocols but always, always ensuring the child came first-not the investigation, not the prosecution, not needs of the newly formed team.

And so, on Sept 4th, 2006-our first child walked through the doors of our child-friendly facility-where stuffed animals literally hung from the walls and ceiling in the waiting room and that child experienced a neutral, fact-finding yet child-centered Forensic Interview. If she had disclosed in Adams County only the day before-her experience may have been much different -in a small police jurisdiction, in a small room that doubles as a holding cell-interviewed by a police chief of 35 years that primarily interrogates offenders, not interviewing 6 year olds, wearing Cinderella costumes.

But for this little girl, that did not happen. And the exciting part was twofold: a little girl who chooses to wear her Cinderella costume that day, can do so and only have to talk with 1 adult about the horrific details while in an adjoining room we have the police officer, CHILDREN AND YOUTH SERVICES Worker, ADA all sitting together and watching her FI via Closed Circuit Television-bringing together collective years of experience -to watch, assess and map out a collaborative plan for the unfolding investigation and further-meet with the child's mother-to introduce themselves, explain the next steps in the investigation and most importantly-have that mother feel that her child matters.

So when we have CHILDREN AND YOUTH SERVICES/LE and DA already working cohesively-with a sound forensic Interviewer in place and sound protocols that were strong enough to withstand review in a courtroom-what did the role of the CHILDREN'S ADVOCACY CENTER continue to play? Having worked for state Chapter of CHILDREN'S ADVOCACY CENTER Development in the State of MD and also now, in PA as member of the Executive Committee, I knew we were only half way there-there

were still 3 other disciplines who needed to be 'invited to the table': medical, mental health and victim advocacy.

The National Children's Alliance sets forth Standards for developing CHILDREN'S ADVOCACY CENTER's . These standards are not 'best practice' but rather basic standards and we were not yet there. Having been an Advocate in varying capacities: criminal justice system, PFA hearings, and for many, many child victims-I knew that we could not treat just the child alone. Children don't walk into a CHILDREN'S ADVOCACY CENTER or investigation alone-they don't live alone and certainly they do not heal alone. They require the support, care and protection of a caring adult. It doesn't make sense to wrap all and only our services around the child. For when they leave our CHILDREN'S ADVOCACY CENTER or office, if they are met with frustration, anger and blame for their abuse they have endured-children feel responsible. They feel it is their fault that mommy is crying. They feel confusion that they can no longer see that person who harmed them and they feel betrayed. And the impact-they exhibit behaviors that parents cannot control or understand, they internalize with serious mental health outcomes or, they recant. When they recant-where is the opportunity to learn the truth, where is the ability to protect that child. So, we now have an Advocate who's role it is assess the resources a non offending caregiver many need (from housing, to PFA), help them understand the dynamics of child sexual abuse as it pertains to their child's behaviors, and acts as a liaison between the varying disciplines-helping that guardian have access to information, and to have his/her own voice among the unfolding investigation. This role is even more critical for our Law Enforcement Only investigations, where no Children and Youth Services worker is involved to aid in these referrals and assessments.

If we are to accept the National Statistics that there are over 39 million Adult Survivors of childhood sexual abuse, it is not a shock that the majority of our non-offending caregivers have their own trauma histories and are shocked and horrified that the same crime has happened to their child as themselves. They are shocked because they vowed that this would not happen to their child, not under their watch, yet it has. But how can a parent who has held their own secret for so long, stating that their secret was safe guarded because either no one believed them or they feared the system's response, how can they be expected to give the appropriate, supportive messages to their child when they have never experienced this themselves? This is why the role of the advocate is so critical-when an advocate hears "This happened to me and I'm ok" or, "If I would have known that the system was like this, I would have disclosed"-they can help that NOC, tell them that their trauma matters and move them from the passive position of 'non offending caregiver" to "Protective Caregiver" actively engaged in that child's protection and healing.

If you're asking the question-"Does every child tell the truth. What about those that lie"? It's ok. You should be. Everyone involved in these cases works to discover the truth- whatever that truth may be. Every person on the MULTI DISCIPLINARY TEAM knows the stakes are high. In Adams CTY, we have our Forensic Interviewer as a neutral person-employed by the CHILDREN'S ADVOCACY CENTER-not through a discipline. However, this model works for many other jurisdictions. The research indicates that false accounts are low, as low as Less than 1% and most typically related to custody disputes. In AC, we know an investigation involves so much more than a disclosure, and for this reason, referrals for Forensic Interview can only initiated by Law Enforcement or Children and Youth Services-those disciplines who have the authority/responsibility to conduct a thorough investigation.

Until the CHILDREN'S ADVOCACY CENTER took an active role, a child would not have received a timely medical examination conducted by a health care provider with pediatric experience and child abuse expertise. It just didn't happen. I am sure as I sit here today, there are children in counties throughout this state that are either not receiving a comprehensive medical exam or are receiving exams by medical professionals who do not have the expertise to verify whether injuries were inflicted, rising to the threshold of an opinion to state it's child abuse. Children and Youth Services workers across this state are frustrated that Emergency Room doctors will not give such an opinion perhaps based on their inexperience or hesitancy to become a witness in an investigation. I know, because I saw this occur in Adams County, PA. Now, children have same day access to a medical expert-Sexual Assault Nurse Examiner with Pediatric Sub Specialty or, SANE Nurse- and a Medical Director, Dr. David Turkewitz. Opinions are provided, investigators have corroborating evidence and most importantly, children are told their bodies are healthy or they receive access to treatment to help them become healthy. Through linkage agreements with Gettysburg Hospital/Wellspan, Adams Cty now has a Nurse who is located at the CHILDREN'S ADVOCACY CENTER 24 hours a week but paid for by the hospital. This nurse meets the expert qualifications needed to both medically assess, treat and testify in court if required to do so. Now, Adams Cty can proudly say that ***Specialized medical evaluations are available and accessible to all children regardless of ability to pay.***

Again, 7 years ago in my county, all children did not have access to a licensed mental health professional with specialized training in the area of child and adolescent trauma. Children were referred to 'generalists' or those therapists that did have trauma training, had barriers to payment or long wait lists. Now, the CHILDREN'S ADVOCACY CENTER houses two on-site trauma therapist-one contractual and the other an employee to provide Specialized trauma-focused mental health services for the child. For other counties, access to such can be through linkage agreements with existing

providers. The role of the CHILDREN'S ADVOCACY CENTER is ensure it exists and that all our children have access, regardless of their ability to pay. Trauma trained therapists begin with providing psycho-education on 'what trauma looks like, how it is stored in the body and how it manifests in behaviors that just don't seem to make sense to the adults in care of that child. Do you know what it's like to have a parent look you in the eye and say "for the first time, someone understands my child". Or better, to have a parent hug you with gratitude for reclaiming their hope?

You know investigations are made up of so much more than just the child's disclosure. Corroborating evidence must be sought out, corroborating witnesses must interviewed, medical findings reviewed and so much more. How do we ensure that each step and each piece of information is shared? How we do ensure that the decisions affecting outcomes are not resting solely on one individual, one discipline –experienced or not. Case Review.

Each month, seasoned supervisors and front line law enforcement, Children and Youth services, District Attorney, medical, mental health , victim services and CHILDREN'S ADVOCACY CENTER staff come together to review each case. This is the heart beat of any CHILDREN'S ADVOCACY CENTER-the MULTI DISCIPLINARY TEAM response. If you remember the game Trivia Pursuit-you'll remember the game piece that moves around the board-collecting a piece of the pie with each success. The CHILDREN'S ADVOCACY CENTER is much like that game piece-while each of the six core disciplines make up a piece of the pie. Without that game piece-each slice would be on it's own-moving through the investigation without much contact of the other . Through Case Review, the CHILDREN'S ADVOCACY CENTER Case Tracks and ensures that every case meeting it's criteria for review is brought to the agenda and followed through until completion. No one person had the expertise, no one discipline carries the sole expertise=everyone collectively brings their years of experience, education, training and perspective to assess the best needs of the child, investigation and those alleged to have offended. *The CHILDREN'S ADVOCACY CENTER plays a role in ensuring the cross education of the MULTI DISCIPLINARY TEAM members and CHILDREN'S ADVOCACY CENTER staff are trained regarding the purpose and nature of each other's mandates, limitations, how decisions of one discipline can impact the another and always ensuring discussions and decisions are all child centered.*

If you've worked long enough with crime victims, one starts to wonder if anyone else cares (besides those working these cases). A CHILDREN'S ADVOCACY CENTER brings so much awareness to its community, engages it's community members and sends the message back to its own MULTI DISCIPLINARY TEAM that yes, people care. In Adams County, I witnessed a community generous with its financial support, in kind services and participation in events and prevention efforts. We have a yearly Gala with

over 300 in attendance, raising over \$74000 last year. In our little rural community. I have seen business owners and residents embrace our symbol of CA Prevention of the PinWheel =having over 50 gardens planted-each garden blooming the 263 pinWheels for the number of suspected reports last year. Further, our Children's Advocacy Center has brought comprehensive Prevention programs to our community so that now, adults, children, coaches, churches, schools –the list goes on-are now all armed with information on how to keep kids safe from child sexual abuse.

If you ever wonder about the impact for a child and whether a MULTI DISCIPLINARY TEAM and Children's Advocacy Center makes a difference ...I think about Erin Merryn, Advocate for Erin's Law:

Erin was sexually abused from ages 6 through 8 by a neighbor. Her first assault occurred while playing Barbies during a play date. Her friends Uncle locked the door and severely sexually assaulted her. She held that secret and endured two more years of sexual abuse until her family moved from the neighborhood-even then she didn't disclose. Again, at the age of 11, she woke up in the middle of the night to her older cousin sexually abusing her-and would endure this new assailant and his assaults in silence for the next 5 years...

She describes the day that changed her life- It was much like today the skies were blue, the sun was shining and it was in the mid 60's. The day she learned her sister had too, been a victim of her abuser. She now wanted to disclose her own abuse. She describes another day that changed her life-after keeping the secret so long-walking through the doors of a Children's Advocacy Center=where she found the courage to put to words, the fear and terror she had been feeling all those years.

Research and 25 years of experience tell me that the Model of a Children's Advocacy Center makes a difference for prosecution, is more cost effective than disjointed investigations and ensures access to quality care for children. Adams County has had a CHILDREN'S ADVOCACY CENTER now for almost 6 years. These past six years have helped me answer the question " Am I making a difference". I know I am by looking into the eyes of 600 Adams County Children.. Thank-you.

JODDIE WALKER, MS, CTS, D.A.AE.T.S.

Joddie Walker, Adams County children's Advocacy Center Executive Director, holds a Master's of Science in Forensic Psychology as well as a Bachelor of Arts in Psychology, from York University in Canada, where she is from originally. Joddie is a Certified Trauma Specialist, Diplomat status with the American Academy of Traumatic stress and National Credentialed Advanced Advocate.

Joddie has almost 25 years of experience with domestic violence, rape assault, adult survivors of child abuse and families of homicide and child abuse. Joddie has extensive experience preparing children for court, assessing their ability to testify and having been qualified as an expert witness on such. Her Master's dissertation researched whether child friendly provisions enhanced child testimony. Post graduate work included authoring a curriculum and development of a CD and website for preparing children for courtroom testimony. The curriculum and CD have been distributed throughout Maryland and sold throughout the United States.

Joddie has gained a considerable amount of experience in the area of trauma and critical incident stress management. She has been trained in the Mitchell Model (ICISF), NOVA and by Dr. William Steele, National Institute for Trauma and Loss in Children, Trauma Debriefing for schools and community. Her direct experience includes volunteerism with Critical Incident Stress Management teams that is comprised of police, fire, EMS and mental health professionals. Her response with CISM has included responding to survivors of September 11th terrorist attacks on two occasions and two populations: survivors of the South Tower and New York City Police Department. In addition, she works on contractual basis for the National Fallen Fire Fighter Foundation, Taking Care of Our Own. This program educates Fire Chiefs about death notification procedures, trauma, grief and loss.

Joddie is currently the Executive Director of the Adams County children's Advocacy Center where she started the organization from the ground up. She believes strongly in the multi-disciplinary approach to child abuse allegations where she works closely with prosecution, police, child welfare, medical and mental health professionals. Joddie has a true understanding of the plight of the child victims. She fell in love with helping victims and helping them walk the difficult path that lies ahead in navigating the various systems to find hope and healing.