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THE ENGELBERG CENTER FOR CHILDREN AND YOUTH

**Jerusalem Protection Center
for Children and Youth
An Innovative Service for Initial
Intervention with Child Victims**

Evaluation Study

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The study was initiated and funded by Ashalim.



RESEARCH REPORT

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Executive Summary

Children who are victims of sexual and other offenses must go from one agency to another to file the complaint, undergo the child forensic interview and meet with the social services. Often, these services do not coordinate their actions to take into account the needs of the criminal investigation, on the one hand, and of the child and family, on the other. The Jerusalem Protection Center is an innovative service aimed at improving the quality of the initial intervention with children who are victims of criminal offenses and with their families. The Center was established in 2002 by a steering committee consisting of representatives from Ashalim, the Ministry of Social Services and Social Affairs, the Ministry of Public Security, the Ministry of Justice, Ministry of Education, Ministry of Health and the City of Jerusalem. The Center's establishment was made possible thanks to the Shusterman Foundation. It is staffed by child-protection officers, a child forensic interviewer from the Ministry of Social Services and Social Affairs, a youth investigator from the Israel Police and a housemother. Also involved are an attorney from the Ministry of Justice and a physician from Hadassah Hospital. The Center makes it possible to conduct all stages of the investigation of minor-victims under one roof, in a pleasant, respectful atmosphere, and under the observation of a police investigator. The Center's intervention includes an assessment of the condition of the child and family, crisis intervention, and referral of the child and family to the necessary services in coordination with the Social Services Department.

The Evaluation Study

This report summarizes the findings of an evaluation study of the Jerusalem Protection Center for Youth and Children conducted between 2002 and 2005. The study goal was to support the development of the Center and inform decisions about establishing additional ones. The study examined the characteristics of children at the Center, the Center's work procedures, the implications of the Center's existence for psycho-social assessment and criminal investigation, as well as its effect on the social service system. The evaluation also examined the families' satisfaction with the service. The main research tools were:

- ♦ ***Case summary form*** – Completed by the Center's child-protection officers, the form provided data on the families, the type of offense, the visit to the Center, and the Center's intervention and coordination with various agencies. In all, 622 summary forms were completed on families served by the Center between July 2002 and March 2005.
- ♦ ***Follow-up questionnaire*** – This questionnaire was completed by professionals to whom the children had been referred by the Center. They were asked to provide information on the implementation of the Center's recommendations, the children's contact with professionals, and their current place of residence. A total of 185 questionnaires were completed, usually by family social workers at Social Service Departments.
- ♦ ***Questionnaire for police youth investigator*** – This short questionnaire documented the investigative process and was completed by the police investigator. In all, 43 questionnaires were completed on children received at the Center.

- ♦ *Interviews with professionals* – A total of 30 semi-structured, in-depth interviews were held with officials inside and outside the Center to shed light on different aspects of the Center's functioning and interventions with families.
- ♦ *Interviews with parents* – About half a year after being served by the Center, 9 parents were interviewed to gain their perspective on the Center's intervention.

Number of Cases Served by the Center

- ♦ In the first year, 323 children were seen, in the second – 366; and in the first 9 months of the third year – 172. This was less than the 700 referrals that Center initiators had anticipated per year).
- ♦ The interviews with Center staff and community agencies yielded a number of hypotheses about the gap between the projected and actual use of the Center: 1) The Center is necessary only in complex cases; 2) Some of the target population are unable to access the Center, e.g. East Jerusalem Arabs who do not speak Hebrew, and children who require hospitalization. The Center can not handle children whose parents object to an investigation since regulations do not permit bringing minors to the Center against the parents' wishes. In such cases, the child forensic interview takes place at school, where parental consent is not required; 3) The Center is less accessible than the police station; it is located far from most neighborhoods and open to the public for limited hours; 4) The Center is not sufficiently known by services dealing with children, and by the public.

The Offenses Reported at the Protection Center

- ♦ About half the children reached the Center due to sex offenses, slightly more than a third due to physical offenses and a small percentage due to neglect or emotional abuse. Over the two-and-a-half years of the evaluation, the percentage of children referred to the Center due to physical offenses dropped while that of sex offenses or emotional abuse rose. This may indicate an increasing specialization of the Center in dealing with cases of sex offense. The data point to two needs: to further develop staff expertise in the handling of sexual offenses and to lend staff emotional support in such cases.
- ♦ In more than half the cases, the offender was a family member; in 14%, the offender came from the child's school and in the remaining cases, neither of these applied. One percent of the children referred were offenders themselves.
- ♦ The children may be classified by type of offense (sexual or physical) and relationship to the offender (within or outside the family). According to this distribution, the most common cases were sexual offenses outside of the family (37%), and physical offenses within the family (36%). About a fifth of the children were received due to sexual offenses within the family and 8%, due to physical offenses outside the family.

Characteristics of the Children and their Families

- ♦ The Center handles mostly children of elementary school age: 62% are aged 7-13, about 25% are aged 0-6, and 14% are aged 14-17.

- ♦ The percentage of children referred to the Center due to offenses by family members decreases with age. The same is true of children referred to the Center because of physical offenses outside the family. Only the percentage of sexual offenses outside of the family increases with the children's age.
- ♦ Almost all (98%) of the children seen at the Center were Jews; 31% of them were from ultra-Orthodox families. The ultra-Orthodox cases point to a need to train staff to work with this population and to develop ties with significant community members who can help with treatment. According to the Center director, the staff are alert and sensitive to the needs of the ultra-Orthodox and attempt to respond appropriately (in dress, language, respect etc.).
- ♦ Seventy-five percent of the children live in Jerusalem, 17% live in the Jerusalem vicinity, and 8% live further away.
- ♦ For 96% of the children, the referral to the Center was their first.
- ♦ More than half the children were known to the social services though most of them had not previously been in the care of a child-protection officer.
- ♦ Throughout the period examined, there was an increase in the percentage of children from families not registered with the social services. As expected, most of the children reaching the Center because of offenses by family members (77% of the physical offenses and 64% of the sexual offenses) were known to the social services, whereas most of the children (62%) who came because of sexual offenses committed by non-family members were unknown to the services.

Referral to the Center

- ♦ Most of the children were referred to the Center by the police and social services. During the period studied, there was an increase in the percentage referrals by social services and schools. The percentage of self-referral also increased, though it remained low. Concomitantly, there was a decrease in the percentage of children referred to the Center by the police. These changes may point to a greater awareness of the Center's existence by community organizations.
- ♦ Few children (2%) reached the Center on the day of the offense. About a third arrived within a week, and some two-thirds, more than a week later. If we divide the study period into two (July 2002 to June 2003, and July 2003 to March 2005), we find that in the latter period more time elapsed between the offense and the child's visit to the Center.

Intervention at the Center

- ♦ *Investigation and diagnosis* – Most of the professionals interviewed were satisfied with the investigation and psycho-social diagnosis conducted at the Center. The process is perceived as more efficient and superior to the procedures in place before the Center's establishment. The reasons cited by those interviewed were the atmosphere at the Center and the support offered to the children and their families, which encourages more openness on their part, as well as the immediate multi-professional counseling. Some professionals interviewed noted

the importance of the police investigator's observation of the questioning by the child forensic interviewer. In close to half the cases, the observation allowed the police investigator to add questions that improved the investigation; in a fifth of the cases, the observation enhanced the efficiency of the police investigation in real time.

- ♦ ***Multi-professional discussion*** – Ninety-one percent of the cases were discussed at least once. An additional discussion was held about 27% of the cases, and a third discussion about 8% of the cases. Note that there was also a preliminary internal discussion in the first stage following the child's arrival at the Center. In 39% of the cases, parties outside of the Center – mostly representatives of the local Social Service Department – were involved in the discussion.
- ♦ ***Duration of Center intervention*** – In a third of the cases, the Center's procedure was completed on the same day; in 15% of the cases it lasted two days to a week; in 30% of the cases, a week to a month, and in 23% of the cases, more than a month. In time, the Center streamlined its handling of the cases and intervention time decreased. Handling family offense cases took longer because the issues were more complex. Moreover, the handling of cases registered with the social services took longer than other cases since the former were usually cases of family offenses.

Referral for Further Treatment

- ♦ In 75% of the cases, the children and/or families were referred for further treatment: in cases of family offenses almost 90% of the children and/or families were referred; some 60% were referred in cases of offenses outside of the family.
- ♦ In most cases, the recommendation was for further treatment at a community service rather than the child's placement out of the home. In about half the cases, the child was referred for treatment; in the other half, the family was referred. Most of the children's referrals were to the Social Service Department.

Follow-Up of Children Handled at the Center

- ♦ The study included follow-up of children with caseworkers at agencies to which the Center had referred them, about half a year after Center intervention. According to the caseworkers, in 73% of the cases, the recommendations were implemented fully or partially or are still being implemented. In 12% of the cases, the recommendations had not been implemented at all and, in 15% of the cases, the caseworker did not know whether the recommendations had been implemented. In the latter instance, we assumed that the recommendations had not been implemented. In some of the cases, there was no continuity of treatment between the Center and other community agencies, nor was it always clear or agreed to which agency the child should be referred or whether that agency would now be responsible for the continued treatment of the child and family.
- ♦ Over two-thirds of the children (71%) were in contact with a professional after leaving the Center. Over a third of the children were in contact with the Social Service Department and

an additional third, with other treatment services. However, in most of the cases, the contact was not intensive.

- ◆ At the time of the follow-up, 19% of the children were living outside of the home: 13% had been removed from the home due to the offense handled by the Center, whereas 6% had already been placed outside the home prior to the Center's intervention.
- ◆ At the time of the follow-up, close to half of the offenders in cases of family offenses were still living at home; slightly more than a third were living away from home; 13% were living at home some of the time; and 2% of the offenders were in detention or prison.

Center Staff and Work

- ◆ At first, the Center found it difficult to build a multi-professional, multi-service team and there was tension between the staff members from different services. In the interviews with staff members and representatives of their original services, a number of issues came to light: there was no clear job definition or staff integration at the organizational level, nor were there defined regulations. In addition, the staff reported emotional overload that had not been addressed.

The Protection Center and the Social Service Departments

- ◆ In the interviews, social workers from the Social Service Departments cited the Center's many advantages: the fact that it was physically designed for children; its role in shortening and improving investigations; the multi-professional discussions of staff present under one roof; the fact that the children did not need to be shuttled about between different agencies. Some staff members commended the Center's professional work. Alongside the advantages, however, some noted the limitations of the Center's short-term intervention, which does not include treating the child and family.
- ◆ In the interviews with staff of the Center and of the Social Services, a number of problems emerged concerning their working together. The main difficulty related to the Center's recommendations: these are not binding and are not always implemented. Department staff protested that they are not involved in making the recommendations. Sometimes, the recommendations are for services that are not available in the community, or are limited and therefore allocated to families with greater needs. Center staff, on the other hand, protested that, once a case is transferred to the Social Service Department, they had no way of following up on a child or family and therefore could not learn from the process, draw conclusions or improve their work.

The Protection Center and other Community Agencies

- ◆ **The Police** – Members of the police saw many advantages to the Center's existence. They also cited a need to consolidate the Center staff and construct teamwork procedures. In its early days, the Center did not have a police youth investigator on staff. The need for a police investigator as part of the Center's regular staff was raised both by the Center's child-protection officers and by the police investigators that came to the Center. The issue was

resolved in early 2004 when a permanent police youth investigator joined the Center and became part of the regular staff.

- ♦ ***The District Attorney*** – The attorneys interviewed cited the Center's contribution as a pleasant, non-threatening location for conducting investigations. Nevertheless, because of the many factors involved in the process of filing indictments, they were unable to say with certainty whether the Center's existence had changed the investigation outcomes in this respect.

Feedback from Parents of Children Handled at the Center

- ♦ As part of the study, in-depth interviews were conducted with 9 mothers chosen by Center staff and consenting to interviews. All the mothers commended the physical facilities and the congenial attitude toward them and their children; they found these very soothing in a fraught situation. Most of the mothers saw the Center as a place for single, short-term intervention (for diagnosis and investigation), doing its work professionally and efficiently. Some of the mothers voiced regret that the Center does not provide long-term treatment instead of referring the family to other agencies.
- ♦ The mothers also noted the Center's weak points. Chief among these were staff unavailability and the difficulty of setting up appointments, as well as the fact that the Center does not inform or update the family on the progress or outcome of the investigation.

Discussion – Strong Points and Challenges

The Center's Strong Points as Reflected in the Study Findings

The Center

- ♦ is perceived by all parties as providing a necessary service: concentrating and coordinating services under one roof, providing a pleasant milieu adapted to child victims, shortening and improving investigation time, allowing for multi-professional discussion, and obviating the need for a child to be shuttled about between agencies
- ♦ pools the resources of various agencies
- ♦ developed and successfully implements a multi-professional model, especially in coordinating investigation needs and handling
- ♦ has developed expertise in diagnosis and investigation
- ♦ over time, has become more efficient and is able to complete the interventions more quickly.
- ♦ is perceived by parents as a pleasant place that does its job professionally and efficiently

Center Challenges

- ♦ The number of children seen is lower than expected. This is because the Center is seen as being necessary only in complex cases; segments of the target population are unable to make use of the Center (Arabic speakers, children whose parents are not cooperating, children requiring hospital care); its opening hours are limited; it is insufficiently known.

- ♦ It is difficult to manage a multi-professional, multi-agency staff. As each staff member is subordinate to a separate agency, the director's authority remains unclear.
- ♦ Recommended further care does not always follow on from center intervention. For some of the children and families, the recommended treatment plan was not implemented.
- ♦ The job definition and division of tasks between the child-protection officers at the Center and the staff of the Social Service Department is not always clear.
- ♦ Social Service Department staff feel that they are not sufficiently involved in the recommendations formulated at the Center and sometimes the recommendations are not feasible.
- ♦ There is no follow-up or feedback on the implementation of recommendations and the children's condition after finishing the Center's intervention.

Recommendations

- ♦ The target population should be re-defined in order to assess the number of cases for which the Center is necessary and Center size should be matched to need.
- ♦ The Center should be adapted for additional children (e.g. employing Arabic-speaking staff or establishing a satellite service in East Jerusalem, extending staff mobility to schools, hospitals etc.).
- ♦ The Center should be more actively advertised among child treatment services and the general public.
- ♦ The director's role should be clearly formulated and her/his authority clearly defined, as well as those of other Center staff members, and work procedures should be in writing.
- ♦ There is a need to better acquaint the staff of the Social Service Department with the Center so as to define in which cases and to what extent social service staff should be involved in the Center's work and formulation of recommendations.
- ♦ A decision should be made about if and how the Center should receive follow-up reports on cases referred to the Social Service Department.
- ♦ The Center's functioning should be extended into the evening hours; the option of two shifts for workers should be considered.
- ♦ The Center should consider adding a treatment component for victims of non-family offenders.
- ♦ A procedure should be put in place to follow up on the District Attorney's handling of Center cases.
- ♦ Steps to alleviate the staff's emotional overload and burnout should be considered.

Afterword – Further Development of the Service

Between the end of the study in 2005 and the publication of this report, the findings were submitted to the service developers and a series of discussions were held. As a result, a number of significant developments occurred in the Jerusalem Protection Center and in the model's

replication at other locations. Center staff and the operating partner agencies took steps to meet the challenges indicated by the study and to improve the service.

- ♦ ***Increase in the extent of referrals to the center:*** One of the main challenges indicated by the study was the gap between the projected and actual number of cases seen at the Center. According to Center data, in recent years there has been a steady increase in the number of children handled by the Center, from 496 in 2003 to 1,119 in 2007.¹ Center directors attribute the increase to several factors:
 - (1) Widespread publicity, including study days and multi-disciplinary meetings with community agencies
 - (2) Growing awareness by potential referral agents of the Center's multi-disciplinary intervention and staff expertise, especially in the area of sex offenses against minors. The Center also responds to requests for phone consultations with professionals outside of Jerusalem
 - (3) In the past, most of the children were referred by the police after a complaint was filed at the police station. Today, police investigators channel referrals to the Center for the entire process (filing a complaint, investigation etc.)
 - (4) In 2005, the Law of Evidence (Protection of Children) was amended to allow children to be removed from school without parental consent for purposes of investigation
 - (5) In 2007, the Penal Law was amended making it mandatory to report sexual offenses between minors in the family. Following the amendment, child offenders were also referred to the Center
- ♦ ***Increase in the rate of referrals by community organizations and self-referrals:*** According to Center data, the proportion of children referred by the police decreased from 46% in the study period to 32% in 2007. Concurrently, the proportion of children referred by the education system, treatment services and doctors, as well as self-referrals, increased from 24% in the study period to 37% in 2007 (the rate of referrals from the social services remained unchanged at 31%). The increase in referrals from the community shows that knowledge of the Center has spread. Children are referred directly to the center rather than first to the police, and then to the center, which serves the center's aim of avoiding their being shuttled about from place to place.
- ♦ ***Implications of the increase in referrals:*** In 2008, the Center staff found it difficult to respond to the numerous referrals. In non-urgent cases, children were put on a waiting list while in other cases, staff had to ask police and social services to hold back on referrals and themselves handle the psycho-social assessment and child forensic interview. The Center has had no staff increase since its opening. It employs two part-time child protection officers (1.5 jobs) and one child forensic interviewer. Ways to expand both the staff and opening hours, in order to cope with the increased referrals, are now being considered.

¹ The figure for 2005 cited by the Center is different from that in the report, apparently including interventions not documented in the framework of the study.

- ♦ ***Providing services for Jerusalem's varied population (ultra-Orthodox, immigrants, Arabs):***
In the period of the study, 31% of the children reaching the center were ultra-Orthodox – while they comprise at least 60% of the city's Jewish children.² Center statistics for 2007 showed that some 70% of the children reaching the Center were ultra-Orthodox, comparable to or even higher than their percentage in the Jewish children population. According to the Center director and the Ashalim project director, the increase may be credited to contacts that the Center formed with significant figures in the ultra-Orthodox community, such as a committee of rabbis which works with the social services and treatment facilities in the ultra-Orthodox community, which subsequently permitted community members to apply to the Center. It is the impression of the Center management that the ultra-Orthodox prefer the Center to the police; the community is distrustful of the police. Moreover, the Center's location outside of ultra-Orthodox neighborhoods is an advantage for the ultra-Orthodox as it offers intimacy and discretion without fear of community exposure. The Center director reports that staff are alert and sensitive to the needs of the ultra-Orthodox: staff dress modestly, use acceptable language, serve kosher food etc.
- ♦ The Center is not set up to handle ***non-Hebrew speaking children from East Jerusalem***. As yet, no response has been found for these children. With respect to new immigrants, Center staff rely on interpreters when needed.
- ♦ ***Sex offenders who are minors:*** Though one of its target populations, minor offenders were rarely referred to the Center during the period that the study took place. The Center began to receive such referrals for investigation following the amendment of the Penal Law, which makes it mandatory to report sex offenses between minors.
- ♦ ***Amendment permitting the removal of children from school without parental consent:*** Investigations of family offenses usually take place at school in order to prevent parental interference. In September 2005, the Knesset adopted the (12th) Law of Evidence Amendment (Protection of Children). The amendment stipulates that a child forensic interviewer may, at her/his own discretion, take a child out of school without the parents' knowledge after consulting with professional staff who know the child. The law states that, if possible, an education employee or other person known to the child from the school setting should accompany the child to the place of the investigation. Up to the writing of these lines, the provision has been exercised in only a few isolated cases. The Center director and Ashalim project director give a number of reasons:
 - (1) The child forensic interviewer may decide that it is better for the child to be interviewed at school or kindergarten rather than remove her/him from the center.
 - (2) There may be no familiar school staff member available to accompany the child to the Protection Center. This is especially true of kindergartens, where staff consists of one teacher and one assistant.

² In 2001, 60% of the Jewish elementary-school population in Jerusalem attended schools of the ultra-Orthodox sector (from the *Statistical Yearbook of Jerusalem*, 2001, Tables xiii,7; xiii,11).

- (3) The procedure of taking a child from school to the Center and back is cumbersome and time-consuming for the child forensic interviewers.
 - (4) Schools are not accustomed to having children removed without parental consent. No senior representative of Jerusalem's Education Authority is part of the steering committee and no systemic action has been taken to promote the law's application in city schools. In the coming school year, the steering committee and Center director intend to take steps to increase the education system's involvement in the Center. They hope that this will help increase the use of the provision on accompanying children from school to the Center for purposes of investigation.
- ♦ **Center management:** The report described the difficulties of managing the Center in its initial years. At that time, the director's authority was unclear to the staff members who were employed by and subordinate to their original services. Two directors changed in a relatively brief period, impeding the structuring of proper working procedures and the consolidation of staff. In 2005, a third director was appointed, a social worker by profession, with experience in management. She is not associated with any of the services involved in the Center. According to the Ashalim project director, the new appointment resolved the former administrative problems. The current director is accepted by the staff and the partner agencies, and the different systems have learned to work together more professionally and in greater coordination.
 - ♦ **The Protection Center and the Social Service Department:** One of the issues raised by the report was the lack of clarity about the division of labor between the Protection Center and Social Service Departments. Social service staff also said that they were not sufficiently involved in formulating Center recommendations and, sometimes, the recommendations were not implemented.
 - (1) **Ongoing contact** – According to the Center director and Ashalim project director, Center and social service staff have held frequent, professional meetings since the Center's establishment, especially in the past two years. The director reports that the Social Service Department is more familiar with the Center today and there is more cooperation, as reflected by the increase in requests for consultation and referral. The directors report that the definition and division of labor are clearer now, although it is still necessary from time to time to revisit and clarify the procedures.
 - (2) **Formulating and implementing recommendations** – The project director believes that it is impossible to totally eliminate all tension between the Center and the Social Service Department regarding the formulation and implementation of recommendations. Nevertheless, she sees that there is more communication and understanding of this issue today.
 - (3) **Follow-up on children** - The Center director reports that at the end of each family intervention, a summary is sent to the Social Service Department. It has been agreed that responsibility for follow-up on treating the child rests with the department. Nevertheless, it is the impression of Center staff that the department does not always

provide sufficient, ongoing treatment and some children end up returning to the Protection Center following further offences.

- ♦ ***Treatment responses within the Center*** – The Center's role is defined solely as diagnosis and investigation. It does not offer treatment beyond immediate crisis intervention. Recently, the question of treatment arose, especially of children abused outside the family framework and therefore not referred to the Social Service Department for further treatment. Today the Center has started providing group therapy for sex offenders up to the age of 12, and a separate group for their parents. The question of additional forms of treatment at the Center is on the agenda of the national steering committee.
- ♦ ***Further extension and development of the service***
 - (1) ***Providing for Protection Centers in law*** – In April 2008, the Knesset adopted the Assistance to Minors Who Are Victims of Sexual or Other Violent Offenses Law, proposed by MK Michael Melchior, chairman of the Committee on the Rights of the Child. By law, protection centers are to be set up by the Ministry of Social Affairs and Social Services, and funded by the State. The Law stipulates that at least one center will be set up each year and that, by 2011, there will be eight additional centers countrywide. In wake of the Law, the Shusterman Foundation pledged to continue to support the protection centers. In 2009, three centers are to be established: one in the center, at Tel HaShomer Hospital, one in the north, and one in the south of Israel.
 - (2) ***Tel HaShomer Protection Center*** – This Center, scheduled to open in 2009, applies a different model, which is familiar abroad, of a protection facility adjacent to a hospital. The Center is to be located next to the Emergency Room of the Safra Children's Hospital. The adjacency makes it possible to treat the child medically while collecting medical evidence, to conduct the investigation and allow for the intervention of the child-protection officer. The Center is expected to respond to cases of suspected family abuse reported by the hospital to the social services. Center staff will include a doctor trained to collect evidence from children, and a nurse. The Center will also handle children not requiring medical treatment, much as the Jerusalem Protection Center does. Initially, it will serve nearby cities, including Ramat Gan and Bnei Brak. After one year, serving additional cities in the Tel Aviv Region will be considered.