



# **The National Children's Advocacy Center**

## **Children's Advocacy Centers – What is the Rationale and Need?**

The NCAC models, promotes, and delivers excellence in child abuse response and prevention through service, education, and leadership.

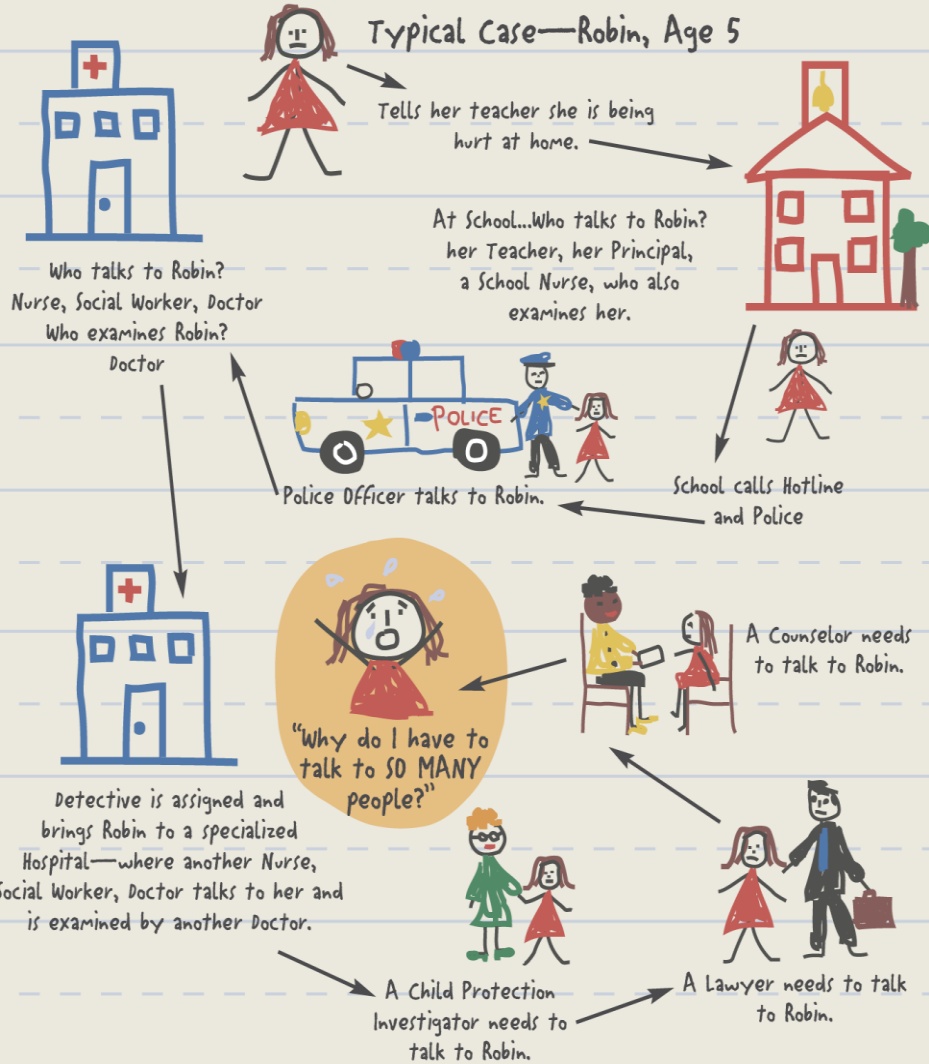
# Original Child Advocacy Center Philosophy

- Child sexual abuse is a serious issue which must be addressed
- The “system” intended to protect children should “help” children, not further traumatize or cause lack of trust
- The protection of children must involve all agencies involved in the investigation and intervention, and these agencies must work together
  - *This collaboration will include both government and NGOs*
- Programs should be flexible based on the community's strengths
  - *Especially true for rural and resource-poor communities*

# Changing the Child Abuse System

## WHAT USED TO HAPPEN WHEN KIDS NEEDED HELP FOR ABUSE

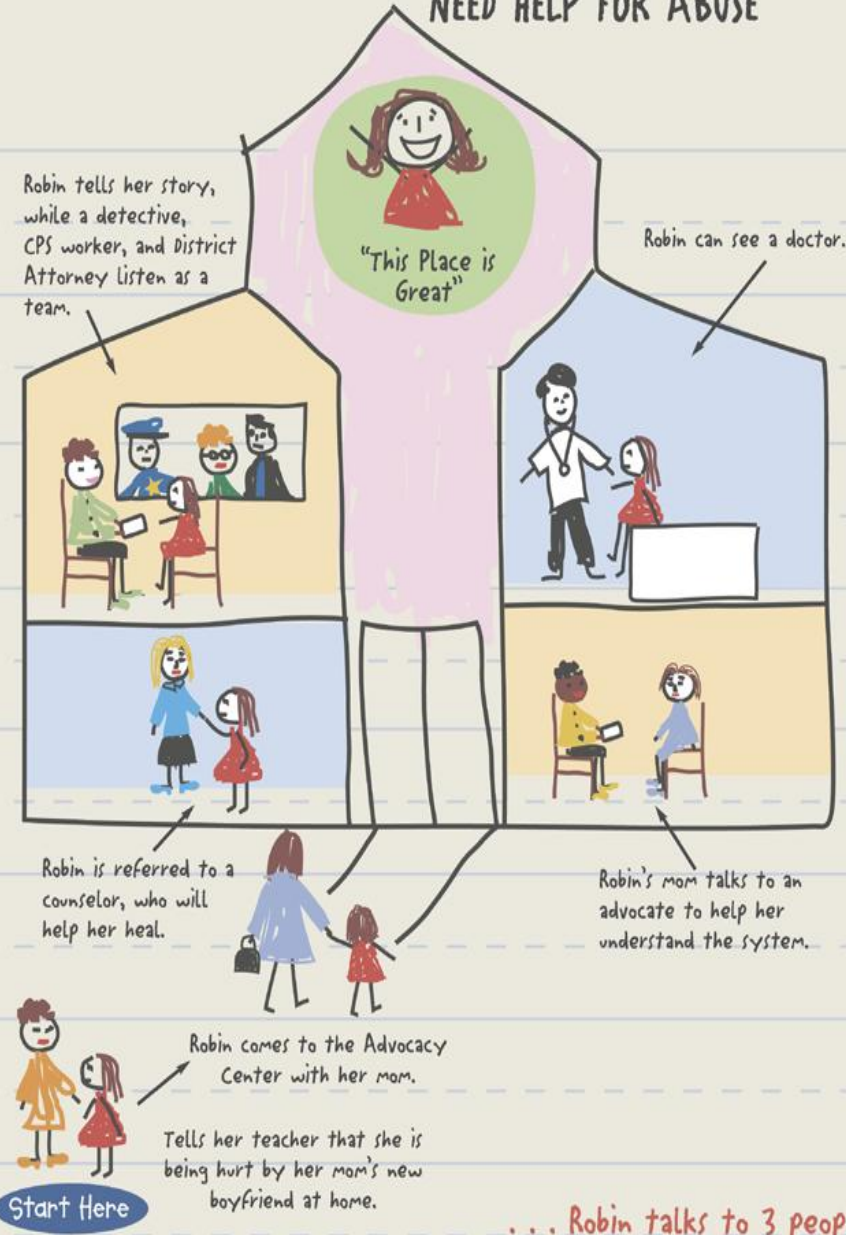
Typical Case—Robin, Age 5



Robin had to talk to 15 people, but now . . .  
(turn over)

# Changing the Child Abuse System

## WHAT HAPPENS TODAY WHEN KIDS NEED HELP FOR ABUSE



. . . Robin talks to 3 people



When you stop here  
you are Real!!

When you stop here you  
ARE LOVED

When you stop here you  
Are NOT Afraid.

When you stop here you  
Have HOPE

When you stop here you  
Have FAITH



# Safety Net for Child Protection

- Parents/Caregivers have the right to raise their children
- P/C Rights vs. Child's Rights
  - *Concern that the State may overstep its role in the protection of children*
- Circus and trapeze metaphor
- What happens if a parent drops the child?



# Safety Net for Child Protection

- Child Protection = Safety Net
- What makes a strong safety net?
  - *Interwoven*
  - *Public*
  - *Private*
- What value is a safety net on the ground?
- What makes the safety net work?



# Approximately 75 Million children in the United States

- Research suggests that one in four girls and one in seven boys will be the victim of some type of sexual abuse/assault before age 18.
- This translates to almost **1.5 Million** children who will be sexually abused or assaulted over the next 18 years!



## How do these compare with CSA?

- Mental retardation (Joni and Friends International Disability Center)
  - *786,000 vs. 1,500,000 sexually abused – **CSA 1.9 times more common***
- Autism – 1 in 150 children
  - *500,000 over the next 18 years vs. 1,500,000 sexually abused – **CSA 3.0 times more common***
- Childhood Cancer - 10,500 children in 2007 (National Cancer Institute)
  - *198,000 over the next 18 years vs. 1,500,000 sexually abused – **CSA 7.5 times more common***



# Centers for Disease Control and Prevention

- **History of child sexual abuse linked with increased risk for:**
  - *alcoholism and alcohol abuse*
  - *chronic obstructive pulmonary disease*
  - *depression*
  - *fetal death*
  - *illicit drug use*
  - *ischemic heart disease*
  - *liver disease*
  - *intimate partner violence*
  - *multiple sexual partners*
  - *sexually transmitted diseases*
  - *smoking*
  - *suicide attempts*
  - *unintended pregnancies*



# The National Children's Advocacy Center

## National Healthcare?

What are some issues which increase our healthcare costs? Why should child abuse be important to everyone?

**Bonomi, A.E.; Anderson, M.L.;  
Rivara, F.P.; Cannon, E.A.;  
Fishman, P.A.; Carrell, D; Reid,  
R.J.; & Thompson, R.S.(2009).**

Health care utilization and costs associated with  
childhood abuse. *Journal of General Internal  
Medicine, 23(3), 294-300.*



# Cost of healthcare for abuse survivors

- The purpose of this study was to examine the actual health care utilization and costs associated with child abuse. This data was pulled from data maintained by a large health care delivery system.
- Participants - 3,333 women who received insurance from the Group Health Cooperative for at least 12 of the 41 calendar quarters in the study's time frame.



# Cost of healthcare for abuse survivors

- 34% reported a history of childhood abuse:
  - *Physical Abuse only* – 6.5%
  - *Sexual Abuse only* – 20.1%
  - *Physical and Sexual Abuse* – 7.2%
- Total annual health care costs were higher for all groups of women who experienced some form of child abuse:
  - *Both physical and sexual abuse* – 36%
  - *Sexual abuse only* – 16%
  - *Physical abuse only* – 22%

# Currie, J. & Widom, C.S. (2010).

Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment*, 15(2), 1111-120.





## Long-term economic impact?

- **Purpose** - determine whether child abuse and neglect affects long-term economic productivity of those directly affected.
- Data collected from 1967 to 2005 in one Midwest U.S. county.
  - *All child abuse and neglect cases included involved children under the age of 11 and were substantiated in court proceedings.*
  - *Subjects were intermittently interviewed until 2005*
  - *More than 800 subjects in each interview interval*



## Long-term economic impact?

- **Individuals with a history of child maltreatment:**
  - *were significantly **less likely** to own a bank account, stock, a vehicle, or a home*
  - ***earned almost \$8,000 less per year than non-abused subjects***
- Women abused in childhood appear to have greater long-term economic impacts than men who were abused in childhood







# **The National Children's Advocacy Center**

## **Children's Advocacy Center Standards**

**What does a CAC look like?**

# 1: Child-Appropriate/Child-Friendly Facility

- A Children's Advocacy Center provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for diverse populations of children and their families.





## 2. Multidisciplinary Team

- Standard: A multidisciplinary team for response to child abuse allegations includes representation from the following:
  - *Child Protective Services – is the child safe? Are other children at risk?*
  - *Medical – is there evidence of abuse? Does the child need treatment?*
  - *Mental Health – does the child/family need mental health services? What type of service would help the most?*
  - *Victim Advocacy – What else might we be able to do to support this family?*
  - *Law Enforcement – has a crime been committed?*
  - *Prosecution – can I prove the case in court?*

## 3. Forensic Interviews

Standard: The CAC promotes forensic interviews which are legally sound, are of a neutral, fact-finding nature, and are coordinated to avoid duplicative interviewing.

Interview Room



Observation Room



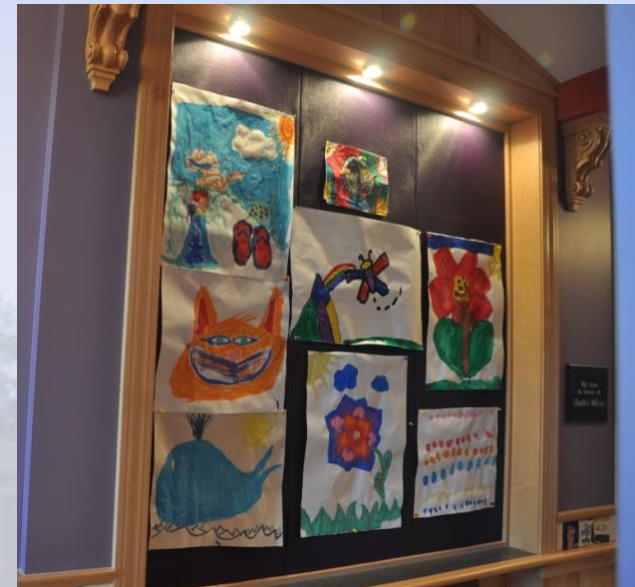
## 4. Medical Evaluation

- Standard: Specialized medical evaluation and treatment services are available to all CAC clients and coordinated with the multidisciplinary team response to provide follow-up referrals and/or treatment as necessary.



## 5. Mental Health

- Standard: Specialized trauma-focused mental health services, designed to meet the unique needs of the children and non-offending family members, are routinely made available as part of the MDT response.
  - *Evidence-based practice*

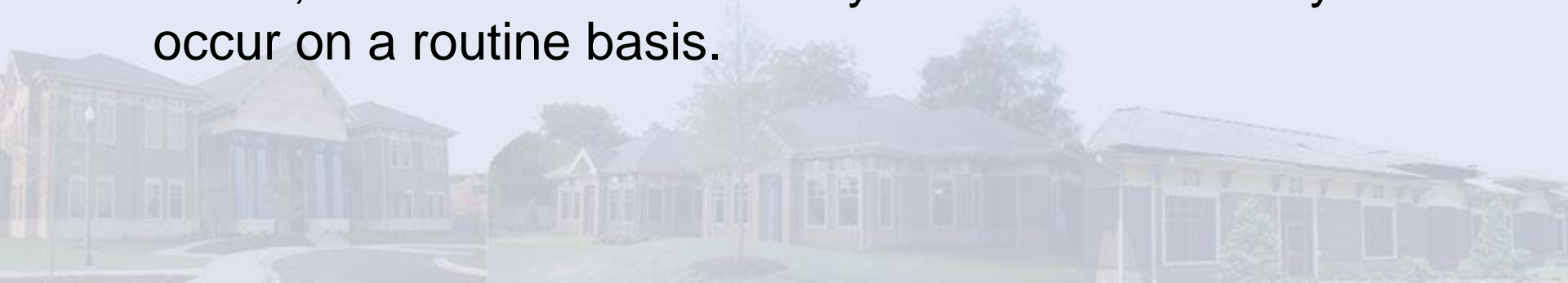


## 6. Victim Support/Advocacy

- Standard: Victim support and advocacy services are routinely made available to all CAC clients and their non-offending family members/caregivers as part of the MDT response.

## 7. Case Review

- Standard: A formal process in which MDT discussion and information sharing regarding the investigation, case status, and services needed by the child and family is to occur on a routine basis.





## 8. CASE TRACKING



- Standard: CAC's must develop and implement a system for monitoring case progress and tracking case outcomes for team components.



## 9. Organizational Capacity

- Standard: A designated legal entity responsible for program and fiscal operations with sound administrative practices.

## 10. Cultural Competency & Diversity

- Standard: The CAC promotes policies, practices and procedures that are culturally competent.
  - *Cultural competency is defined as “the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community”.*



# CAC

## Child-Appropriate Child-Friendly Facility

**Therapeutic  
Intervention**

**Case  
Tracking**

**Victim  
Support/  
Advocacy**

**Forensic  
Interviews**

**Case  
Review**

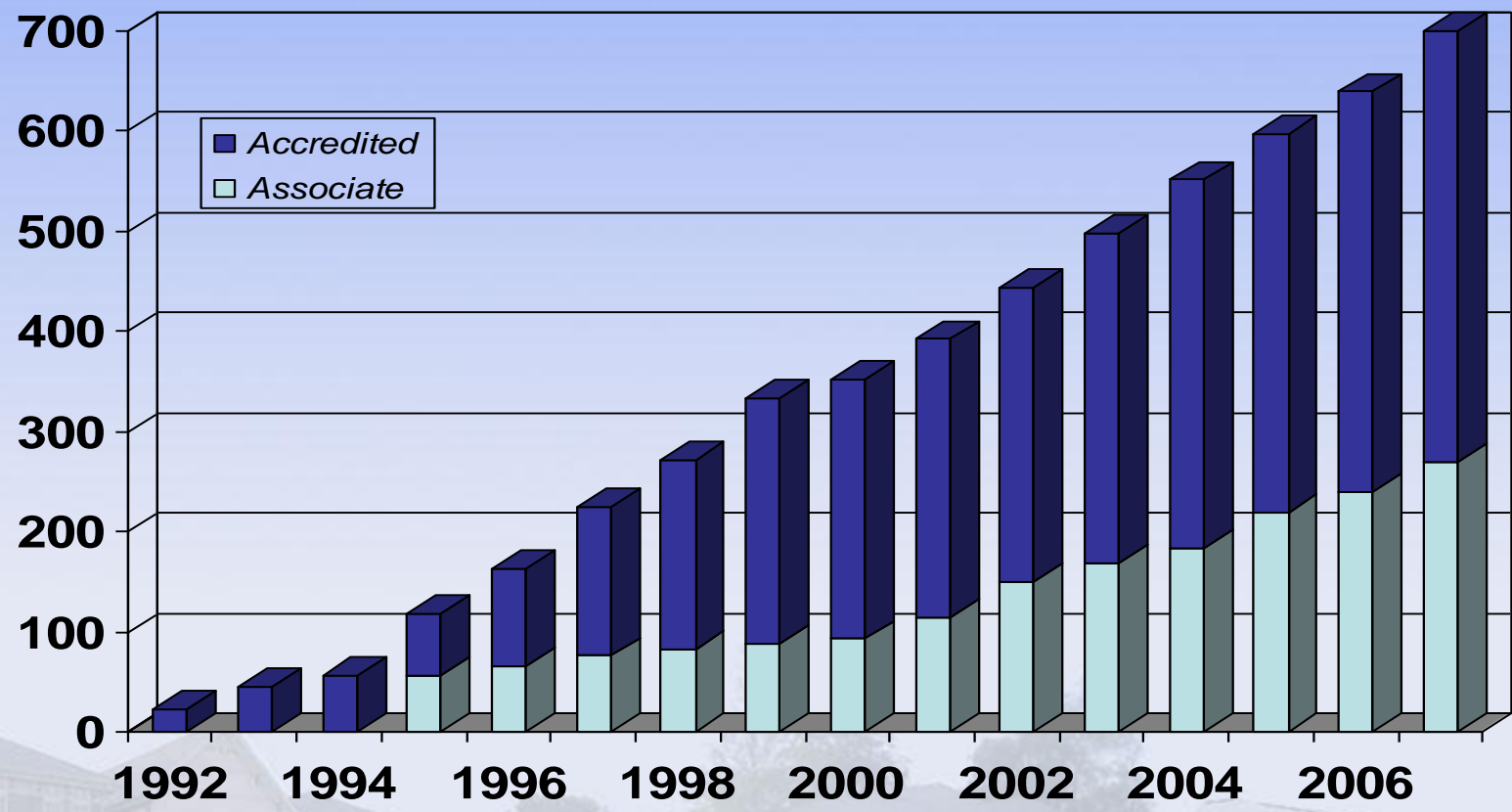
**Medical  
Evaluation**

**Cultural Competency & Diversity**

**Organizational Capacity**

**Multidisciplinary Team**

# Growth of CACs in the United States



# International CACs/Barnahus Interest & Development

- Australia
- Belarus
- Brazil
- Canada
- Croatia
- Cuba
- Denmark
- Iceland
- Israel
- Norway
- Philippines
- Russia
- South Africa
- Sweden



# The National Children's Advocacy Center

**If it works, how much does it cost?**

The Cost Benefit Analysis of Community Responses to Child Maltreatment

# **Formby, J., Shadoin, A. L., Shao, L, Magnuson, S. N., & Overman, L. B. (2006).**

Cost-benefit analysis of community responses to child maltreatment: A comparison of communities with and without child advocacy centers. (Research Report No. 06-3). Huntsville, AL: National Children's Advocacy Center.



## Cost-Benefit Analysis

- Purpose - examine the economic and social resources invested in two different child sexual abuse response protocols and identify the return on investment produced by these protocols.
- Traditional investigations were **36%** more expensive than CAC investigations. The average per-case cost:
  - *CAC investigation* - \$2,902
  - *Non-CAC investigation* - \$3,949
- This suggests savings of approximately **\$240,000,000** for cases in the United States in 2008 alone!





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