

Project Hope Report



Examining the feasibility of establishing a
Child and Youth Advocacy Centre in York Region
(File #9453605)

Prepared for: The Department of Justice Canada

Prepared by: Cedar Centre, York Region

March 29, 2019

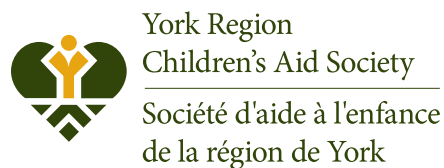




Table of Contents

Acknowledgments	3
List of Appendices	4
Introduction	5
Overview of Child Maltreatment in Canada and Ontario	6
Canadian Overview	6
Ontario Overview	6
Current Response to Child Abuse in York Region	7
Historical Review of Child Advocacy Centres	9
Purpose	9
Core Components	10
Impacts	12
Outcomes from investigations	13
Substantiation rates	13
Prosecution rates	13
Conviction rates	14
Financial	14
Number of interviews and traumatization	15
Re-victimization and trauma symptoms	16
Connections to mental health services	16
Connections to medical services	17
Client satisfaction	18
Summary	19
Canadian Landscape for Child and Youth Advocacy Centres	20
Snapshot of York Region	22
Geography	22
Population	22
Child Abuse and Neglect Statistics	23
Key Stakeholder Interviews	24
Purpose	24
Research Questions	24
Methods	24
Key Findings	25
Concluding Remarks	29
Next Steps	29
References	30



Acknowledgments

Project Hope was initiated to explore the feasibility of establishing a Child and Youth Advocacy Centre (CYAC) in York Region. This project was led by Cedar Centre in partnership with York Regional Police and York Region Children's Aid Society. Together, these three organizations provide leadership in the field of child and youth protection and advocacy in York Region.

Project Hope was made possible through the generous support of the following organizations:

- Our funder, The Department of Justice Canada;
- Our partners, York Regional Police and York Region Children's Aid Society; and
- Key stakeholders throughout the region who generously offered their time to participate in one-on-one interviews.

Thank you all for your contributions to this study.

With gratitude,
The Board of Directors and Executive team, Cedar Centre



List of Appendices

Appendix I: Canadian Guidelines for CACs/CYACs.....	34
Appendix II: Key Stakeholders Engaged in Interviews	35
Appendix III: Interview Guide	36



Introduction

Cedar Centre's mission and vision are rooted in helping individuals who have experienced interpersonal trauma in childhood improve their lives by working through the adverse effects trauma has had on them. As a member of both the Child Protection Protocol of York Region, and the Child Abuse Systems Team (CAST), Cedar Centre is committed to improving the lives of children and youth in the region who have experienced abuse. While Project Hope was initiated by the Centre to explore the feasibility of establishing a Child and Youth Advocacy Centre (CYAC) in York Region, there is a deep commitment across the region, and among CAST members to do whatever it takes to better serve children and youth who have experienced abuse.

This report presents key findings from a historical review of Child Advocacy Centres (CACs)/CYACs, a review of best practices as reported by CACs/CYACs in both the United States and Canada, an external scan of York Region, and interviews conducted with key stakeholders representing 17 organizations in the community. This report covers:

- An overview of child maltreatment in Canada and Ontario;
- An overview of the current response model in York Region
- An overview of CACs/CYACs in North America;
- Impact of CACs/CYACs in North America;
- An overview of CACs/CYACs in Canada;
- A snapshot of York Region;
- Key findings from key stakeholder interviews; and
- Next steps & concluding remarks.

Overview of Child Maltreatment in Canada and Ontario

Canadian Overview

Each category of child maltreatment (neglect, physical abuse, and sexual abuse) has the potential to be charged under the Criminal Code of Canada. In 2016, approximately 54,900 of police-reported violent crimes in Canada involved child or youth victims. Of those cases, approximately 30% were crimes perpetrated by a parent, a sibling, a spouse, or another type of family member (Burczycka & Conroy, 2018). The most common forms of police-reported family violence directed against children and youth were physical assault and sexual offences such as sexual assault and sexual interference (Burczycka & Conroy, 2018). Over one in four victims of sexual assault are children 13 years of age or younger (Rotenberg, 2017). The rate of physical assault was similar between male and female victims; however, female child and youth victims had a rate of sexual offences that was 4.5 times higher than their male counterparts (Burczycka & Conroy, 2018).

***In 2016,
approximately 54,900
of police-reported
violent crimes in Canada
involved child or
youth victims.***

Ontario Overview

Child protection issues in Ontario are governed by the Child, Youth and Family Services Act and are carried out by Children's Aid Societies. Some functions of a Children's Aid Society are to "investigate allegations or evidence that children may be in need of protection"; "protect children where necessary"; and "provide guidance, counselling and other services to families for protecting children or for the prevention of circumstances requiring the protection of children" (Child, Youth and Family Services Act, S.O, 2017, c.3, s.35). The Ontario Incidence Study of Reported Child Abuse and Neglect – 2013 examines "the incidence of reported child maltreatment and the characteristics of the children and families investigated by child protection services in Ontario" (Fallon et al., 2015, p. 10). According to Fallon et al. (2015), of the 125,281 investigations conducted by child protection in Ontario in 2013, 78% (97,951 cases) were maltreatment cases with a concern of abuse or neglect; of those maltreatment cases, 34% (43,067 cases) were substantiated. Of substantiated cases, 24% (10,386 cases) identified neglect as the overriding concern, 13% (5,770 cases) identified physical abuse as the primary form of maltreatment and 2% (848 cases) identified sexual abuse as the primary form of maltreatment.

Current Response to Child Abuse in York Region

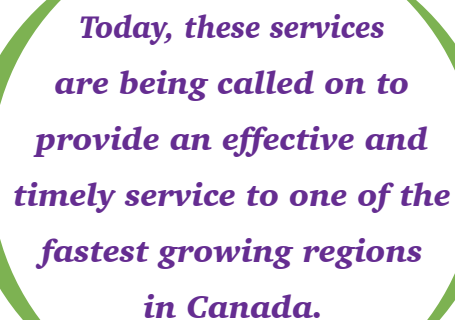
At present, York Region's legislated child protection services (York Regional Police and York Region Children's Aid Society) and community-based services that respond to the needs of children and youth in need of protection and/or who have experienced childhood abuse-related trauma work in separate locations across York Region. Service providers in the region include:

- Two legislated service providers (York Regional Police and York Region Children's Aid Society);
- One hospital-based medical forensics unit (Domestic and Sexual Assault Services at Mackenzie Health);
- Two additional regional hospitals (Markham Stouffville Hospital and Southlake Regional Health Centre);
- One crisis response service for victims of crime (Victims Services of York Region);
- One support service for child and youth victims of crime in the courts (Victim Witness Assistance Program of York Region);
- The Crown Attorney's Office of the Newmarket Courts;
- Two Boards of Education (York Region District School Board and York Catholic District School Board);
- Two culturally-specific child protection services (Jewish Family and Child Services, Dnaagdawenmag Binnoojiiyag Child & Family Services); and
- One specialized mental health service that provides trauma-specific services for children and youth who have experienced childhood abuse-related trauma and interpersonal violence (Cedar Centre).

It is worth noting that York Regional Police have a separate unit, the Special Victims Unit–Crimes Against Children Unit. This specialized unit is responsible for investigating criminal offenses with child victims. It's mandate is to investigate crimes involving a victim under the age of 18 if there has been a physical assault with injury or evidence of injury or a sexual assault occurs, and the offender is in a position of trust or authority. They are also responsible for all investigations involving a physical or sexual assault of a child under the age of 12, regardless of the characteristics of the offender. Children and youth aged 12 to 18 may be seen at their district offices by front-line police officers if they do not meet the criteria.

The service providers identified above have capacity to respond to a child or youth in need of protection; however, the extent of the formalized coordination of this response is limited to a written protocol. York Region's Child Abuse Protocol is maintained by CAST, which is comprised of a representative from each of the protocol agencies noted above. Historically, CAST has met quarterly for the sole purpose of reviewing and revising the protocol. More recently, the members of CAST have increased the frequency of their meetings and have opened dialogue around the need for a more coordinated response to children and youth in need of protection (and their caregivers). Most of the CAST organizations have provided a response to children and youth in need of protection or who have experienced childhood abuse-related trauma for over 30 years.

Today, these services are being called on to provide an effective and timely service to one of the fastest growing regions in Canada. Working together, the CAST members have identified a number of system response issues which include, but are not limited to: delays in producing collateral reports for mental health partners, misunderstanding of community partner mandates, inability to provide a timely mandated response, referral to community based resources outside of the region and/or failure to refer to appropriate community partners. In addition to these system-identified response issues are some significant experiential themes from the systems' child, youth and caregiver consumers who generously share narratives of extensive travel, frustration with wait times, complexity of service navigation, fear of legislated service involvement, exhaustion leading to attrition and, at times, re-traumatization by the justice process and system.



***Today, these services
are being called on to
provide an effective and
timely service to one of the
fastest growing regions
in Canada.***

Historical Review of Child Advocacy Centres/ Child and Youth Advocacy Centres

The first CAC in North America was established in Huntsville, Alabama in 1985. It was conceived by then District Attorney Robert E. Cramer who felt the criminal justice and social service systems were not working together effectively, adding to children's emotional distress (National Children's Advocacy Centre, 2018). The multidisciplinary team approach that emerged from this CAC has served as a model for over 1,000 CACs currently operating in the United States; it has also informed models of practice adopted in CACs around the world (Nwogu et al., 2015), including the 25 CYACs operating in Canada as of January 2019.

The following section will provide an overview of why CACs/CYACs were created, core components of a CAC/CYAC, and the impact CACs/CYACs have had on outcomes such as substantiation and prosecution rates, financial impacts, re-victimization and trauma symptoms, access to services, and client satisfaction rates, to name a few.

Purpose of CACs/CYACs

Unique challenges arise when children or youth are victimized by, or are witness to, violence. The experience itself is often traumatizing, and being involved with the criminal justice system and child protection agencies also has the potential to further traumatize children and youth. The perceived deficits of the criminal justice system and child protection in responding to child abuse "are thought to result in systemic trauma (trauma brought on by the investigation of abuse), poor criminal justice outcomes that leave children at risk of re-victimization, and a lack of service provision to help ameliorate the effects of abuse" (Herbert & Bromfield, 2016, p.342). The purpose of CACs/CYACs is to attempt to limit the impacts these systems have on these vulnerable children and youth, and improve outcomes for the children, youth, and families they serve.

The purpose of CACs/CYACs is to attempt to limit the impacts these systems have on these vulnerable children and youth, and improve outcomes for the children, youth, and families they serve.

Core components of a CAC/CYAC

The gold standard for a model of response for a CAC/CYAC involves the integration of ten core components (Department of Justice Canada, 2015):

- Multidisciplinary Team (MDT)
- Forensic Interview
- Victim Support and Advocacy
- Medical Evaluation, Mental Health
- Child-Focused Setting
- Case Review
- Case Tracking
- Organizational Capacity
- Cultural Competency and Diversity

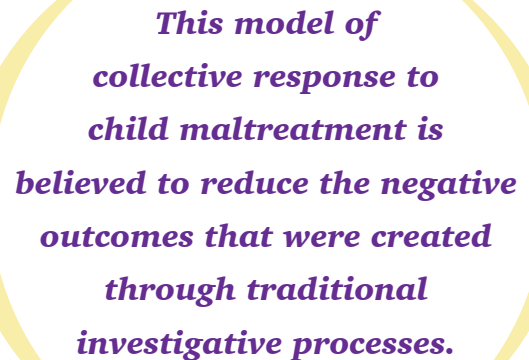
These components are interconnected to provide a seamless, wraparound approach to responding to child abuse. While the *multidisciplinary team* (MDT) can vary in its professional make-up, all CAC/CYACs will have, at minimum, representation from law enforcement, child protection and victim services co-located. *Forensic interviewing* is a primary task that occurs at a CAC/CYAC. This type of specialized interviewing is conducted jointly with police and child protection services to avoid duplicative interviewing (Department of Justice Canada, 2015). *Victim advocates* play a key role throughout the process. They are engaged as soon as a victim is identified, and follow through with the victim and their family until the victim is no longer requiring the services of the CAC/CYAC. Unlike victim witness assistance programs that are associated with the Crown, victim advocates hold a neutral role. The primary roles of child advocates are to provide a welcoming atmosphere, act as the central point of contact for victims and their families to answer questions, provide referrals, updates (e.g., about the court case), and information (e.g., about testimonial aids and victim impact statements), and/or liaising with other MDT members (Department of Justice Canada, 2015). While *medical personnel* are not necessarily co-located at the CAC/CYAC, protocols must be in place to clearly identify linkages to primary care and other needed healthcare services (Department of Justice Canada, 2015). While gathering forensic evidence is an important outcome of a medical exam, there is an overarching belief that a child's/youth's well-being is just as important as the collection of evidence (National Children's Alliance, 2016).

Consequently, the Alliance recommends that medical examinations not be limited only to victims where forensically significant information is anticipated. It has been well-established that childhood trauma can negatively impact every aspect of an individual's life. Impacts can include poor physical health outcomes (Rothschild, 2011; van der Kolk, 2014; Wegman & Stetler, 2009), poor mental health outcomes (Lanius, Vermetten, & Pain, 2010; Norman et al., 2012), difficulty with relationships (Muller, 2010; van der Kolk, 2014), sexual problems (Lanius et al., 2010; Simon & Feiring, 2008) difficulty with emotional processing (Young & Widom, 2014) and re-victimization (Grauerholz, 2000). Consequently, the provision of mental health services is another important service offering. It is important that victims receive a full mental health assessment to determine what impact the trauma has had on the child/youth so that the appropriate therapeutic intervention can commence. Timely access to the appropriate trauma and mental health services can help reduce, or eliminate the potential long-term adverse impacts of the trauma (National Children's Alliance, 2016). Since the well-being of the child/youth is at the core of all of these services, a CAC/CYAC must have a child-focused setting in order to assure physical and psychological safety and comfort (National Children's Alliance, 2016).

Another main task of CACs/CYACs is case review. Case review is the process of information sharing and decision-making amongst MDT members and has many benefits including: providing an opportunity for team members to become acquainted with each other and the case process; allowing individual team members to retain their own agency's mandate while learning about the other agencies involved; helping to prevent cases from "falling through the cracks"; and enabling members of the multi-disciplinary team to identify gaps in resources and/or conflicts in service provision (Department of Justice Canada, 2015). Case review is the specific process used to improve the quality and consistency of inter-organizational communication that is often lacking in traditional child abuse response models. Case tracking is not only used to accurately inform families and children/youth about the status of their case, but also for program evaluation and statistical reports for advocacy, research and legislative purposes in the field of child maltreatment (National Children's Alliance, 2016). In order to perform all of these tasks, CACs/CYACs must have organizational capacity. As the Department of Justice Canada (2015) outlines,

Every CAC/CYAC must have a designated legal entity responsible for the governance of its operations. The role of this entity is to oversee ongoing business practices of the CAC/CYAC, including setting and implementing administrative policies, hiring and managing personnel, providing training and support to personnel, obtaining funding, supervising program and fiscal operations, and long-term planning (p. 79).

Another core component to the establishment of a CAC/CYAC is for the organization to be able to put a philosophy of cultural competency and diversity into action. According to the National Children's Alliance (2016), 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" (p.29). As child/youth victims can come from various backgrounds and cultures, responding to their specific needs becomes vital to their overall well-being. This will be of particular importance to the CYAC in York Region given the cultural diversity represented in the region. This will be discussed later in this report.

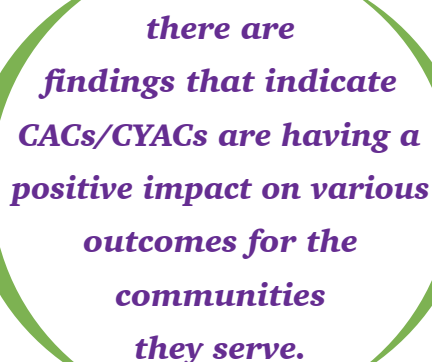


This model of collective response to child maltreatment is believed to reduce the negative outcomes that were created through traditional investigative processes.

Each component of a CAC/CYAC is designed to meet the needs of the child/youth through the cross-sector partnerships and comprehensive processes of information-sharing and decision-making amongst multidisciplinary team members. This model of collective response to child maltreatment is believed to reduce the negative outcomes that were created through traditional investigative processes.

Impact of CACs/CYACs

It is important to note that while CACs/CYACs have been in existence for 33 years in North America, there is limited evidence regarding their efficacy. This is, in part, due to the fact that research is not a primary component of the CAC/CYAC model, limiting agencies capabilities to engage in extensive studies. As Herbert and Bromfield (2016) note, "While the model employs



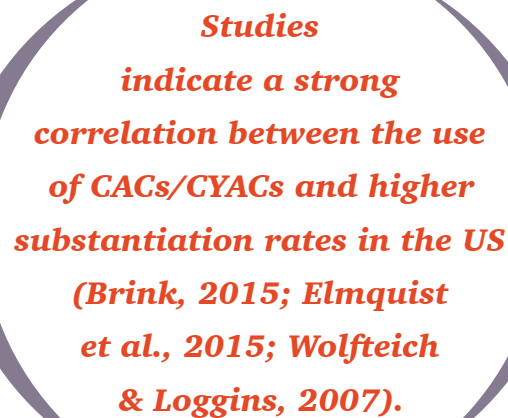
there are findings that indicate CACs/CYACs are having a positive impact on various outcomes for the communities they serve.

many common sense approaches, including elements that themselves have a strong evidence base, the argument for the model as a whole would benefit from significant clarification" (p.352). Research data about the efficacy of CAC/CYACs in Canada relies primarily on grey literature - documents that are not published in academic journals, nor peer-reviewed. Nevertheless, there are findings that indicate CACs/CYACs are having a positive impact on various outcomes for the communities they serve.

Outcomes from investigations.

There are various outcomes that can be measured once an investigation has been initiated: substantiation rates, prosecution rates, and conviction rates.

Substantiation rates. When an investigation results in confirmation that abuse of some kind has occurred, the case is defined as substantiated. The multidisciplinary team approach employed by CACs/CYACs appears to have a positive impact on substantiation rates. Studies indicate a strong correlation between the use of CACs/CYACs and higher substantiation rates in the US (Brink, 2015; Elmquist et al., 2015; Wolfteich & Loggins, 2007).

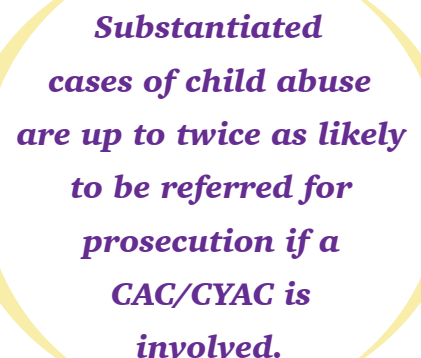


Studies indicate a strong correlation between the use of CACs/CYACs and higher substantiation rates in the US (Brink, 2015; Elmquist et al., 2015; Wolfteich & Loggins, 2007).

Prosecution rates. As the founder of the first CAC in North America was a prosecutor, increases in prosecution rates were viewed as an important outcome in determining the efficacy of a CAC. Prosecutors are not considered core members of Canada's CAC/CYAC multidisciplinary teams. As a result, there is a paucity of research on the impact of CACs/CYACs on prosecution and conviction rates in Canada. It is important to note that not all substantiated cases move forward to prosecution.

The quality of the interview, especially the credibility of the disclosure and the quality of the evidence are important in determining substantiation and moving forward with prosecution.

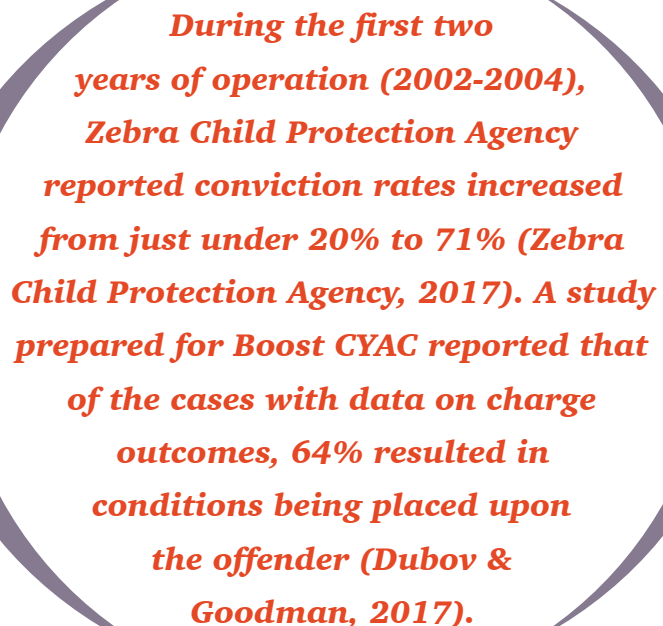
Substantiated cases of child abuse are up to twice as likely to be referred for prosecution if a CAC/CYAC is involved. While a large amount of studies look specifically at prosecution rates, results are mixed (Bracewell, 2018; Miller & Rubin, 2009; Nwogu et al., 2015; Smith, Witte, & Fricker-Elhai, 2006). Some studies have found no statistical significance between the number of offenders confessing at CACs/CYACs compared to other communities, nor between the percentages of cases leading to conviction (Cross et al., 2008; Herbert & Bromfield, 2016). However, other studies report improved outcomes when CAC/CYAC cases compared to non-CAC/CYAC cases. Wolfteich and Loggins (2007) reported that, compared to non-CAC/CYAC communities, CAC/CYAC cases result in an increased percentage of charges filed, more criminal counts, more perpetrators pleading guilty and more cases filed for younger children.



Substantiated cases of child abuse are up to twice as likely to be referred for prosecution if a CAC/CYAC is involved.

Conviction rates. Conviction rates measure how many cases that were prosecuted result in some form of penalty being applied to the offender. In the Canadian context, penalties include the issuance of peace bonds, conditional discharge, or being reprimanded into custody for sentencing. While there is limited data available in Canada, two CACs/CYAC's have had impressive impacts on conviction rates. During the first two years of operation (2002-2004), Zebra Child Protection Agency reported conviction rates increased from just under 20% to 71% (Zebra Child Protection Agency, 2017). A study prepared for Boost CYAC reported that of the cases with data on charge outcomes, 64% resulted in conditions being placed upon the offender (Dubov & Goodman, 2017).

In addition to conviction rates, studies in the US report that quicker charge decisions are made when CACs/CYACs are involved compared to other communities as well. Furthermore, over 75% of CAC/CYAC cases reached indictment between 31 to 60 days versus a high of 54% of cases in a traditional child-response model (Walsh, Lippert, Cross, Maurice, & Davison, 2008). Reaching indictments faster likely has indirect benefits for the children/youth and their families, and will also result in both direct and indirect cost savings to society.

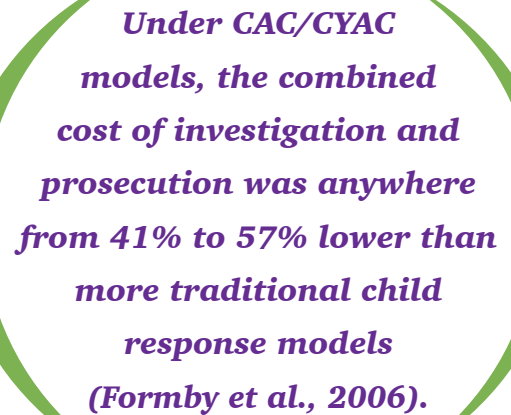


During the first two years of operation (2002-2004), Zebra Child Protection Agency reported conviction rates increased from just under 20% to 71% (Zebra Child Protection Agency, 2017). A study prepared for Boost CYAC reported that of the cases with data on charge outcomes, 64% resulted in conditions being placed upon the offender (Dubov & Goodman, 2017).

Financial Impact.

The financial cost of child abuse is significant. Child abuse can negatively impact all facets of the individual's life which can result in poor performance in school, early pregnancy, depression, poor physical health, and alcohol and substance misuse (Nwogu et. al, 2015). The direct cost of providing services required for maltreated children include costs for medical care, the child welfare system, law enforcement, and the judicial system (Formby, Shadoin, Shao, Magnuson, & Overman, 2006). There are also indirect costs associated with child abuse such as loss of income (of the parent and possible future employment of the child), persistent health issues which exert additional pressure on the healthcare system, and behaviours that could result in future involvement with criminal justice system (Formby et al., 2006).

CACs/CYACs have been shown to reduce the costs associated with child abuse. Under CAC/CYAC models, the combined cost of investigation and prosecution was anywhere from 41% to 57% lower than more traditional child response models (Formby et al., 2006). Moreover, every dollar spent on CAC/CYAC programming yields an economic benefit to society of \$3.33 (Formby et al., 2016).



Under CAC/CYAC models, the combined cost of investigation and prosecution was anywhere from 41% to 57% lower than more traditional child response models (Formby et al., 2006).

In Canada, the annual estimated cost of child abuse is \$21.5 billion, expressed in 2014 dollars (KPMG, 2015). The Sheldon Kennedy CAC (Calgary & Area CAC as of December 2018) examined the social return on investment of CYACs. It was determined that a 0.1% reduction in the costs associated with child abuse is needed to achieve a positive social return on investment (KPMG, 2015). Productivity improvements alone across stakeholders engaged with the Sheldon Kennedy Centre produced cost efficiencies of over \$550,000 annually (KPMG, 2015).

Number of interviews and traumatization.

One of the original goals of CACs/CYACs was to limit the number of interviews a child/youth experiences. CAC/CYACs do not appear to impact the number of interviews that a child experiences, however, as even traditional methods yield a low number of interviews as well. Cross et al. (2008) discovered that “Contrary to researchers’ hypotheses, children interviewed in CACs and comparison communities underwent about the same number of interviews. Many children in both communities had one interview, and 95 percent had no more than two. Similarly, 85 percent of CAC cases and comparison cases had just one interviewer” (p.4). Similar findings have been also been found in Canada. Boost Child and Youth Advocacy Centre determined that there was no significant difference in the number of interviews between CAC/CYAC cases and regular intake, with the majority of cases only having one interview in both settings (Dubov & Goodman, 2017). While the difference in the number of interviews appears to not be significant, there are other elements around interviewing that CAC/CYACs seem to influence. It is possible that children may feel less afraid during interviews in a CAC setting compared to the more institutional feel of a police station (Cross et al., 2008). Furthermore, a large number of children involved in a CAC/CYAC investigation were reported by parents to exhibit less emotional and behavioural difficulties after three months following the initial forensic interview, although it cannot be determined if this reduction was related to CAC/CYAC services (Elmqvist et al., 2015).

Re-victimization and trauma symptoms.

Few studies examined the rate of re-victimization of children and youth who utilize a CAC/CYAC. Two studies showed found no difference in re-victimization rates between participants who received traditional services and those who utilized the CAC/CYAC model (Herbert & Bromfield, 2016; Wolfeich & Loggins, 2007)

Herbert and Bromfield (2016) note that few studies identify recovery from trauma as a key dependent variable of the CAC/CYAC approach. There is some evidence to suggest a correlation between CAC/CYAC approach and a reduction of trauma symptoms in children and youth. This can be attributed, in part, to the trauma lens through which all partners in the CAC/CYAC operate. Parents of children who have been involved with a CAC/CYAC reported their children to be less negatively impacted by the trauma at a three-month follow-up. As CAC/CYAC models emphasize coordination with mental health services, access to treatments plays a critical role in reducing trauma symptoms (Herbert & Bromfield, 2016). The children were reported to be more social, sleeping better, and living their lives more fully than they were before the trauma (Jenson, Jacobson, Unrau, & Robinson, 1996).

Connections to mental health services.

CACs/CYACs include coordination with mental health services. These connections are critically important as child abuse can have lasting negative impacts into adulthood. Research indicates that in the absence of appropriate mental health interventions, the effects of childhood sexual abuse can last a lifetime. Some of these detrimental effects include: depression, suicide attempts, poor academic performance, addiction, increased likelihood to commit crimes as juveniles and adults, low self-esteem and eating disorders (Nwogu et al., 2015,). CACs/CYACs offer greater access to mental health services compared to traditional service delivery systems in order to address these concerns. Referrals to mental health services appear to be a standard practice for CACs/CYACs. Cross et al. (2008) note that 72% of CAC cases documented referrals to mental health services versus 31% in comparison communities. These high referral rates are replicated across studies (Jackson, 2004; Smith et al., 2006).

Canadian studies also demonstrate this commitment of CACs/CYACs of connecting clients to mental health services. Boost reports that 100% of families that utilized the centre were offered crisis intervention, with 72% receiving services within 2 weeks of referral, while the other 28% declined services (Dubov & Goodman, 2017). Individual counselling for youth, individual counselling

for caregivers and family counselling are some of the services offered with varying rates of families opting to access them. The flexibility of the CAC/CYAC model has allowed for innovative services in addressing mental health issues, including community workshops around trauma and self-care, use of therapy dogs, creation of caregiver handbooks, girls' groups and support for MDT members coping with vicarious trauma (Department of Justice Canada, 2018). There are some challenges to be noted around access to mental health services. Mental health services have been described as a 'patchwork' of programs, with long wait lists (up to one year), and gaps in services for children/youth and specialized adult counselling (Department of Justice Canada, 2018).

Connections to medical services.

There are three purposes to medical exams:

1) to help identify medical evidence to prosecute offenders, 2) to screen for injuries and medical conditions and initiate medical treatment, and 3) to reassure victims and parents about the child's physical well-being (Walsh, Cross, Jones, Simone, & Kolko, 2007). CACs/CYACs play an important in promoting access to medical examinations (Cross et al., 2008) and appropriate medical treatment, including medical testing, treatment for sexually transmitted infections, and pregnancy screenings (Elmqvist et al., 2015). Definitive links between increased medical examinations and increased prosecution rates remain uncertain.

Canadian CACs/CYACs also demonstrate an increase in access to medical examinations consistent with their US counterparts. For example, professionals at the Suspected Child Abuse and Neglect (SCAN) Program at the Hospital for Sick Children in Toronto were significantly more likely to provide medical consultations to CYAC clients than non-CYAC clients (Dubov & Goodman, 2017).

**Canadian
CACs/CYACs also
demonstrate an increase
in access to medical
examinations consistent
with their US
counterparts.**

**CACs/CYACs
offer greater access to
mental health services
compared to traditional
service delivery systems
in order to address
these concerns.**

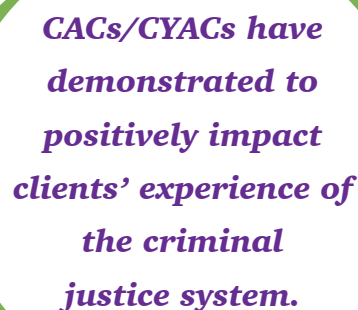
Reduced wait times between disclosure and physical examinations is particularly important in child abuse cases as both passage of time and the healing process can obscure medical evidence (Walsh et. al, 2007). Timely access to trained staff to perform forensic examination can impact the quality of physical examinations. This timely access is more likely to occur within a CAC/CYAC (Department of Justice Canada, 2018).

Client satisfaction.

CACs/CYACs have demonstrated to positively impact clients' experience of the criminal justice system. One of the most studied outcomes of CACs/CYACs is the satisfaction of clients and non-offending caregivers, with more than 85% of centres reported measuring client and family satisfaction and using the results to help offer better services to children and families (Bonach, Mabrey, & Potts-Henry, 2010). A study by Cross et al. (2008) indicated that 70 percent of caregivers in CAC communities reported high levels of satisfaction versus 54 percent of caregivers in comparison communities. Non-offending caregivers utilizing a CAC for child sexual assault cases demonstrate a statistically significant increase in overall satisfaction, with a strong correlation between satisfaction and three measurables: CAC information and logistical coordination, CAC responsiveness and client comfort, and CAC staff courteousness and helpfulness (Nwogu et al., 2015).

The wrap-around and supportive nature of the CAC/CYAC seems to be the most impactful on client and caregiver experience (Elmquist et al., 2015; Herbert & Bromfield, 2016). The emotional support provided by investigators, their interviewing skills and commitment were the factors that most satisfied caregivers; similarly, the ability of investigators to make children feel comfortable and heard during the forensic interview, helpfulness with the case and outcome, and skill in explaining the investigation and case process were most satisfying to children (Elmquist et al., 2015).

Canadian CACs/CYACs are also active in measuring satisfaction rates of clients and non-offending caregivers. The overall impression is that both caregivers and children are satisfied with the CAC/CYAC model in providing services. One study that gathered data across several CAC/CYAC sites reported generally high satisfaction of caregivers' rates across several indicators such a wait times for services, supports received by their children and for themselves, and quality of information provided. However, only 36% of caregivers reported satisfaction with the referrals their child received (Department of Justice Canada, 2018). Boost CYAC reports even higher satisfaction rates among caregivers, with 100% reporting satisfaction with all CYAC service providers and the majority of respondents (70%) stating that "all CYAC service providers were consistently responsive and met all of their needs" (Dubov & Goodman, 2017, p.72). Children also report high satisfaction rates with 83% of children rating



CACs/CYACs have demonstrated to positively impact clients' experience of the criminal justice system.

their experience as either “good” or “great”; no child giving a rate of “terrible” (Department of Justice Canada, 2018). Low response rates and limited comparison rates makes these findings on satisfaction preliminary but hopeful in addressing client and caregiver overall experience.

Summary

There is a movement toward replacing the traditional model of response to child abuse with a CAC/CYAC models in North America. In Canada, core components have been established by Department of Justice Canada. How these services are provided will vary based on specific characteristics of the communities being served. While there is evidence to indicate CACs/CYACs have positives impact on outcomes, results are not consistent across organizations. This is, in part, due to research not being a core component of most CACs/CYACs. As a result, there is an absence of consistent outcome measures that align with organizational objectives as well as strong comparative pre and post data. While the power of research has historically been underutilized, it remains true that there is evidence to support the value that CACs/CYACs bring to the children, youth, and families they serve, as well as the community as a whole.

Canadian Landscape of CACs/CYACs

The CAC/CYAC model for responding to child maltreatment is growing rapidly in Canada. In 2002, Zebra Child Protection Centre opened in Edmonton, Alberta as the first CYAC in the country (Zebra Child Protection Centre, 2017). In 2010, the Department of Justice devoted \$5.25 million over a five-year period to fund the creation and enhancement CACs/CYACs. In 2012, an additional \$5 million was announced to continue funding the development of CACs/CYACs in Canada (McDonald, Scrim, & Rooney, 2017). The last five years has seen growth of 317% in the establishment of CACs/CYACs in Canada, with open centres expanding from 6 to 25 between 2012 and 2018. More centres continue to engage in feasibility studies and some are in development stages. Table 1.1 shows the current breakdown of CACs/CYACs by province/territory as of January 2019:

Table.1.1 CACs/CYACs in various stages in Canada as of January 2019

Province/Territory	Open	In Development	Feasibility Study
British Columbia	6	3	0
Alberta	4	2	1
Saskatchewan	2	0	1
Manitoba	1	0	0
Ontario	8	2	4
Quebec	2	0	1
New Brunswick	1	0	1
Nova Scotia	1	0	0
Newfoundland and Labrador	0	0	1
Prince Edward Island	0	0	0
Yukon	0	1	0
Nunavut	0	1	0
Northwest Territories	0	0	0
Total	25	9	9

Source: Department of Justice Canada, 2019

Currently, there is no national standard for CACs/CYACs in Canada. However, the Department of Justice Canada has proposed guidelines based on its review of the guidelines established by the National Children's Alliance in the US and through consultation with various CACs/CYACs in various stages of development across Canada (Department of Justice Canada, 2015) (Appendix I). These guidelines were established with the following goals:

- To promote consistency across the country;
- To ensure that Canadian guidelines reflect how child abuse cases are addressed in Canada;
- To assist new organizations as they work toward establishing a CAC; and
- To ensure that the integrity of the CAC model is retained (Walters-Broadway & Patel, 2016).

While these guidelines offer a set understanding of what a CAC/CYAC offers, there are a variety of models in operation in Canada. Each model reflects unique aspects of the regions the CAC/CYAC serve (geography, diversity), as well as organizational capacity when it comes to what services are provided and how those services are delivered. For examples, CACs/CYACs in more rural communities may not have access to qualified forensic examiners at all times, and may have one individual performing multiple roles (Department of Justice Canada, 2015).



Snapshot of York Region

The following section provides an overview of York Region, including geography, demographics of its residents, and current child abuse and neglect statistics. Both geography and demographics are characteristics that will need to be taken into account in the development of a CYAC in the region.

Geography

York Region is a larger territory that spans **1,762 square kilometers**, with a mix of urban and rural living.

It has a **two-tiered local government system** with responsibilities divided amongst the regional government and each of **nine municipalities**: Aurora, East Gwillimbury, Georgina, King, Markham, Newmarket, Richmond Hill, Vaughan and Whitchurch-Stouffville.

Population

York Region is home to **1,109,650 residents**, with **271,865 (24.5%)** being 19 years of age and younger (Regional Municipality of York, 2018). It consists of a diverse population with **47% of residents being born outside of Canada**, and over **230** distinct ethnic origins reported in the 2016 census (York Region, n.d.a).

The ethnic diversity present in the region is also reflected in the main language spoken at home, as reported by residents. Just over **68% of households report English as the main language used at home** and **0.3% report French as the main language used at home**.

The most commonly reported main languages used at home for approximately 32% of York Region households are Cantonese, Mandarin, Farsi, Russian, and Italian (York Region, n.d.a).

Within the boundaries of York Region is **one First Nation**. The Chippewas of Georgina Island are an Anishnaabe people whose language is Ojibwe and whose community has its own police department, community centre, radio station, fire service, church, government offices, medical clinic and elementary school from Kindergarten to Grade 5. In addition to those who reside on Georgina Island, there are a significant number of Indigenous persons living throughout York Region in the Sutton area (Chippewas of Georgina Island, n.d.a).

Child abuse and neglect statistics

York Region Children's Aid Society is the primary agency responsible for investigations into child maltreatment for children and youth under 18 years of age. Between April 1, 2017 and March 31, 2018 York Region Children's Aid Society (YRCAS):

received **6,421** reports of alleged child abuse or neglect

completed **3,913** investigations concerning child maltreatment

(**343** joint investigation with York Regional Police)

substantiated **2,053** cases

Source: York Region Children's Aid Society, 2019.



Key Stakeholder Interviews

Purpose

The purpose of conducting interviews with key stakeholders in the region was to determine if there is strong support to move forward with the development stage of establishing a CYAC in York Region.

Research Questions

An interview guide was developed to address the following research questions:

1. Are there perceived benefits to children, youth and their families of moving from the current child abuse response model in the region to a CYAC?
2. Are there any perceived benefits to organizations to move to a CYAC model?
3. Are there challenges specific to York Region that will need to be addressed in the development phase?
4. Can the region support a CYAC?

Methods

For the purpose of this feasibility study, key stakeholders are defined as organizations that are signatories to York Region's Child Protection Protocol, community-based organizations that provide services to children and youth who may have been victims of violence. A total of 17 organizations were approached to participate in an interview (Appendix II). Representatives from each organization were approached via email and asked if they would be willing to participate in a 30-minute interview, either face-to-face or on the telephone. In virtually all cases, representatives hold middle to senior positions in the organizations they represented.

A total of 20 interviews were conducted across 16 organizations during the period of January 9, 2019 to February 7, 2019. Nine interviews were conducted in person, and 11 were conducted via telephone. While one representative was interviewed from most organizations, two representatives were interviewed in four organizations, bringing the total number of interviews to 20.

Leslie McCallum, Director of Research and Program Evaluation at Cedar Centre, conducted all interviews using an interview guide (Appendix III). Data consisted of the detailed notes taken by L. McCallum during each interview. Data was examined across interviews to identify key findings.

Key findings

All respondents provided overwhelming support for establishing a CYAC in York Region. While not without challenges, respondents from each organization expressed a strong desire to improve the region's response to child abuse in order to better meet the needs of the children, youth and families the CYAC would serve.

Perceived benefits for clients a CYAC will serve.

Respondents felt a co-ordinated and fully-integrated model will have a positive impact on the children, youth and families of York Region in the following ways:

Improved access to medical services (forensic and general) services.

At present, some children and youth are being referred to Toronto for forensic examinations. More specifically, there is a perception in York Region that forensic and medical expertise for infants and very young children who have experienced physical abuse is only available at the Suspected Child Abuse and Neglect program (SCAN) in Toronto. Consequently, cases are being referred out of region to Toronto. This likely adds additional stressors to the children, youth and their families that could be alleviated if the families could receive all the services they need in York Region.

Respondents reported an inconsistency of forensic medical examinations taking place under the current Child Protection protocol in York Region. As is stated in the literature, forensic examinations play a critical role in gathering evidence for prosecution. These specialized examinations also provide children, youth, and their families with information that can result in a timely referral for medical follow-up and/or provide clients and their families with reassurance that no physical harm as occurred. Under the current Child Protection Protocol, not all children and youth are sent for forensic examinations, depending on the nature of the abuse. Moving to a child/youth-centred approach will allow the CYAC team to act in a more integrated and holistic way, looking at the overall well-being of the child, rather than seeing forensic examinations as a means to collect data for the Crown.

More timely access to the appropriate mental health services.

Many respondents spoke of the lack of timely access to mental health services for children and youth experiencing symptoms related to the trauma they have experienced. Under the region's current child protection protocol referrals are made to mental health professionals for assessment, but report wait lists are often long. Several respondent spoke of the need for mental health services for children and youth who have experienced abuse far exceeding the resources available in the region. This can lead to these children and youth, and their families finding it increasingly more difficult to manage daily living as the trauma-related symptoms increase in severity, which often has a negative impact that extends beyond the child or youth to include their social and family systems. Many respondents felt moving to a CYAC model would allow each child or youth to be given an assessment in a timely manner, with the development of a treatment plan in cases where treatment is deemed necessary.

Increased peace of mind for children, youth and their families.

Virtually all respondents felt that a fully-integrated model would increase the likelihood of the children, youth, and families feeling safe and supported. Respondents envisioned less stress placed on children, youth and their families as much of the work could be done in a central location in a physical space that would feel warm and welcoming. As is well reported in the literature, they also saw the child/youth advocate being a key contributor to providing clients with increased peace of mind. In York Region, there is a victim witness assistance program that provides court support to children, youth, and families in the region. This service is attached to the court, and as such, is not a neutral advocate. The child/youth advocate is assigned to the client as soon as an investigation is taking place, and remains with that client until they are discharged. The victim witness assistance program engages with the client further along in the process when charges have been laid.

Perceived benefits to organizations.

Respondents felt that the establishment of a CYAC in the region would result in increased productivity in community-based organizations. There was a sense that knowing there was a team of experts to handle child/youth abuse cases would allow others to focus on what they do best. The referral process would be simplified, thereby freeing up time for staff to focus on direct prac-

tice. There was a belief that if the appropriate medical and mental health services are provided in a timely manner through the CYAC, pressure would be taken off the broader system. For example, one spoke of re-directing resources to help clients navigate the court system when this was not their area of expertise. They felt that the establishment of a CYAC would minimize the number of times it would be necessary to re-direct resources, allowing staff to focus on their area of expertise.

Challenges in establishing a CYAC in York Region.

Virtually all respondents noted two challenges specific to York Region that will require careful consideration when developing the model and determining the location for the CYAC: geography and cultural diversity.

Geography.

As was noted earlier in this report, York Region covers a large geographic area of over 1,762 square kilometers. In addition to the region covering a large area, poor public transportation was cited as contributing to the challenges of the region. Respondents noted that accessibility from all quadrants of the region should be kept in mind when establishing the location for the centre. Suggestions were made to consider mobile response units or multiple locations. There is a depth of experience within the national CAC/CYAC network in the implementation of creative models to best meet the needs of the clients being served. The national network can be an excellent resource to the team exploring models and locations.

Cultural and ethnic diversity.

Most respondents raised the cultural and ethnic diversity as a potential challenge that must be overcome if the CYAC is going to be welcoming to all children, youth, and families the centre will serve. The move to a fully-integrated model of response to child abuse was also seen as a wonderful opportunity to establish a culture that embraces the diversity of the region; an opportunity to bring together leaders from the cultures and ethnicities represented in the region to create an organization that embraces the diversity of the region.

Sustainability of a CYAC.

Since the purpose of this feasibility study was to determine if there is sufficient support from key stakeholders to establish a CYAC in the region, discussions about sustainability were hypothetical. Once a model has been established business plans can be developed and more concrete discussion can be had regarding sustainability. At this early stage, it is important to note that while all respondents are aware of the challenges involved in securing both public and private funding in the current economic climate, most also felt that a CYAC could create funding opportunities that are not available to the individual organizations. Respondents felt that funders in both public and private sectors will be interested in investing in a new model that has been proven to improve outcomes and reduce the financial cost to society. Many also suggested that securing funding for the CYAC will require consultation with community partners to ensure that organizations are not working at cross-purposes, or potentially compromising donor relationships that are already in existence.

Key success factor.

Some respondents noted that a critical success factor for a CYAC in York Region will be the development of a shared vision between all organizations represented in the CYAC. Many spoke with passion of a vision of the CYAC 'team' being child/youth focused; where all professionals come to the table willing and able to problem-solve together to better serve each client of the CYAC. In other words, a problem or challenge being experienced in one part of the process becomes the team's responsibility to problem-solve.



Concluding Remarks

There is strong support among key stakeholders in York Region to establish a CYAC in the region. While there is a child protection protocol in place in York Region, respondents believe that the co-ordinated, fully-integrated approach embodied in a CAC/CYAC model will better meet the needs of children and youth who have experienced child abuse, and their families. Results reported in empirical and grey literature suggests better outcomes are achieved by CACs/CYACs versus more traditional child abuse response models. More specifically, improvements have been noted in substantiation rates, prosecution rates, and conviction rates; clients are more likely to receive the appropriate forensic and general medical services and mental health services in a timely manner; and families report higher satisfaction rates when working with a CAC/CYAC. While there is limited data available on the financial impact of CACs/CYACs, a few studies have indicated that this model of response to child abuse is more cost effective to society.

York Region is a culturally diverse, large geographic region, with representation from all socioeconomic brackets. Project Hope is a unique opportunity to bring together leaders from different cultures and ethnicities to develop a CYAC that reflects our diversity so that all children and youth who have experienced child abuse will be able to access the centre and feel welcome and understood.

Next Steps

Based on the strong support from key stakeholders to establish a CYAC in the region, the next stage will involve developing a CYAC model and location for the centre that will best meet the needs of the region, building a three-year business plan, and identifying potential sources for funding to ensure sustainability of the centre. Under the leadership of Cedar Centre, and its partners, York Regional Police and York Region Children's Aid Society, a planning team will be created comprised of representatives from the various professional disciplines that will interact with the CYAC, and leaders from different ethnicities represented in the region.

References

- Bonach, K., Mabry, J. B., & Potts-Henry, C. (2010). Exploring nonoffending caregiver satisfaction with a Children's Advocacy Centre. *Journal of Child Sexual Abuse*, 19(6), 687-708. doi:10.1080/10538712.2010.522495
- Bracewell, T. (2018). Multidisciplinary team involvement and prosecutorial decisions in child sexual abuse cases. *Child and Adolescent Social Work Journal*, 35(6), 567-576. doi: 10.1007/s10560-018-0557-1
- Brink, F., Thackeray, J. D., Bridge, J. A., Letson, M., & Scribano, P. V. (2015). Child advocacy centre multidisciplinary team decision and its association to child protective services outcomes. *Child Abuse and Neglect*, 46(August), 174-181. doi:10.1016/j.chiabu.2015.04.011
- Burczycka, M., & Conroy, S. (2018). Family violence in Canada: A statistical profile 2016. *Juristat*. (Catalogue no. 85-002-X). Ottawa, ON: Statistics Canada. Canadian Centre for Justice Statistics. Retrieved from <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2018001/article/54893-eng.pdf?st=4ij0l9VY>
- Child, Youth and Family Services Act, S.O. 2017, c.3, s.35. Retrieved from <https://www.ontario.ca/laws/statute/17c14#BK47>
- Chippewas of Georgina Island (n.d.) *Community Services*. Retrieved from <http://www.georginaisland.com.php72-37.lan3-1.websitetestlink.com/community-services/>
- Cross, T., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D. J., Szczepanski, J., ... Magnuson, S. (2008). Evaluating Children's Advocacy Centres' response to child sexual abuse. *Report for U.S. Department of Justice*
- Department of Justice Canada (2019). Email correspondence from L.MacEachern to the National CAC/CYAC network, January 10, 2019
- Department of Justice Canada (2018). Understanding the development and impact of Child Advocacy Centres (CACs).
- Department of Justice Canada (2015). Evidence supporting national guideline for Canada's Child Advocacy Centres
- Dubov, V., & Goodman, D. (2017). Boost Child and Youth Advocacy Centre evaluation report: October 2013 – June 2015 [Agency Report]. Retrieved from <http://cac-cae.ca/wp-content/uploads/resources-boost-cyac-evaluation-report-2013-2015-july-2017.pdf>

- Elmquist, J., Shorey, R. C., Febres, J., Zapor, H., Klostermann, K., Schratte, A., & Stuart, G. L. (2015). A review of Children's Advocacy Centres' (CACs) response to cases of maltreatment in the United States. *Aggression and Violent Behaviour*, 25(November/December), 26-34.
- Fallon, B., Van Wert, M., Trocmé, N., MacLaurin, B., Sinha, V., Lefebvre, R., ...Goel, S. (2015). Ontario Incidence Study of reported child abuse and neglect-2013 (OIS-2013). Toronto, ON: Child Welfare Research Portal.
- Formby, J. P., 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 Centres. (Research Report No. 06-3). Huntsville, AL: National Children's Advocacy Center.
- Grauerholz, L. (2000). An ecological approach to understanding sexual revictimization: Linking personal, interpersonal and sociocultural factors and processes. *Child Maltreatment*, 5(1), 5-17.
- Herbert, J. L., & Bromfield, L. (2016). Evidence for the efficacy of the Child Advocacy Center model: A systematic review. *Trauma, violence and Abuse*, 17(3), 341-357. doi: 10.1177/1524838015585319
- Jackson, S. L. (2004). A USA national survey of program services provided by child advocacy centers. *Child Abuse & Neglect*, 28 (4), 411-421.
- Jenson, J. M., Jacobson, M., Unrau, Y., & Robinson, R. L. (1996). Intervention for victims of child sexual abuse: An evaluation of the Children's Advocacy model. *Child and Adolescent Social Work Journal*, 13(2), 139-156.
- KPMG (2015). The Sheldon Kennedy Child Advocacy Centre: Social return on investment study [Agency Report]. Retrieved from <http://calio.org/images/social-return-on-investment-study.pdf>
- Lanius, R. A., Vermetten, E., & Pain, C. (2010). *The impact of early life trauma on health and disease: The hidden epidemic*. New York, NY: Cambridge University Press.
- McDonald, S., Scrim, K., & Rooney, L. (2013). Building our capacity: Children's Advocacy Centres in Canada, *Victims of Crime Research Digest*, 6, 2-11.
- Miller, A., & Rubin, D. (2009). The contribution of children's advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse and Neglect*, 33(1), 12-18. doi:10.1016/j.chiabu.2008.07.002
- Muller, R. T. (2010). *Trauma and the avoidant client: Attachment-based strategies for healing*. New York, NY: W. W. Norton & Company, Inc.

National Children's Advocacy Centre (2018). *History*. Retrieved from <http://www.nationalcac.org/history/>

National Children's Alliance (2016). Putting standards into practice: A guide to implementing the 2017 standards for accredited members. Retrieved from <http://www.nationalchildrensaliance.org/wp-content/uploads/2015/06/NCA2017-StandardsIntoPractice-web.pdf>

Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLOS Medicine*, 9(11). Retrieved from http://link.galegroup.com.myaccess.library.utoronto.ca/apps/doc/A311498479/CIC?u=utoronto_main&sid=CIC&xid=95bb4849

Nwogu, N. N., Agrawal, L., Chambers, S., Buagas, A. B., Daniele, R. M., & Singleton, J. K. (2015). Effectiveness of Child Advocacy Centers and the multidisciplinary team approach on prosecution rates of alleged sex offenders and satisfaction of non-offending caregivers with allegations of child sexual abuse: A systematic review. *JBIR Database of Systematic Reviews & Implementation Reports*, 13(12), 93-129. doi: 10.11124/jbisrir-2015-2113

Regional Municipality of York (2018). *York Region Census Profile 2016 – Part 1* [Interactive Dashboard]. Retrieved from <https://public.tableau.com/profile/regional.municipality.of.york#!/vizhome/YorkRegionCensusProfile2016-Part1/Story1>

Regional Municipality of York (n.d.a). *2016 Census Release Report – Immigration and ethnocultural diversity* [Infograph]. Retrieved from https://www.york.ca/wps/wcm/connect/yorkpublic/d9718dce-0c1d-418c-9309-3d887c8fdb5/17-7372+2016+Census+Release-Immigration_20171107_1119.pdf?MOD=AJPERES

Regional Municipality of York (n.d.a). *2016 census release report – Language* [Infograph]. Retrieved from <https://www.yorklink.ca/wp-content/uploads/2017/12/2016-census-yorkregion-population-households-language.pdf>

Rotenberg, C. (2017). Police-reported sexual assault in Canada, 2009 to 2014: A statistical profile. *Juristat*. (Catalogue no. 85-002-X). Ottawa, ON: Statistics Canada. Canadian Centre for Justice Statistics. Retrieved from <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2017001/article/54866-eng.pdf?st=c9JPSMw3>

Rothschild, B. (2011). *Trauma essentials: The go-to guide*. New York, NY: W. W. Norton & Company, Inc.

Simon, V. A., & Feiring, C. (2008). Sexual anxiety and eroticism predict the development of problems in youth with a history of sexual abuse. *Child Maltreatment*, 13(2), 167-181.

- Smith, D. W., Witte, T. H., & Fricker-Elhai, A. E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of Child Advocacy Center-based and standard services. *Child Maltreatment*, 11(4), 354-360. doi: 10.1177/1077559506292277
- van der Kolk, B. A. (2014). *The body keeps the score. Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.
- Walsh, W. A., Cross, T. P., Jones, L. M., Simone, M., & Kolko, D. J. (2007). Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers. *Child Abuse and Neglect*, 31(10), 1053-1068. doi:10.1016/j.chiabu.2007.04.006
- Walsh, W. A., Lippert, T., Cross, T. P., Maurice, D. M., & Davidson, K. S. (2008). How long to prosecute child sexual abuse for a community using a Children's Advocacy Center and two comparison communities? *Child Maltreatment*, 13(1), 3-13. doi: 10.1177/1077559507307839
- Walters-Broadway, L. & Patel, P. (2016, December 9). *Developing Canadian national CAC/CYAC guidelines* [Webinar]. Retrieved from <https://www.youtube.com/watch?v=6CmoHO7vkHc&feature=youtube>
- Wegman, H. L. & Stetler, C. (2009). A meta-analytic review of the effects of childhood abuse on medical outcomes in adulthood. *Psychosomatic Medicine*, 71(8), 805-812.
- White, K. (2004). *Touch: Attachment and the body*. London, UK: Karnac (Books) Ltd.
- Wolfeich, P., & Loggins, B. (2007). Evaluation of the children's advocacy model: Efficiency, legal and re-victimization outcomes. *Child and Adolescent Social Work Journal*, 24(4), 333-352. doi: 10.1007/s10560-007-0087-8
- York Region Children's Aid Society (2019). Email correspondence from J. Grant to L. McCallum, dated February 27, 2019
- Young, J. C., & Widom, C. S. (2014). Long-term effects of child abuse and neglect on emotion processing in adulthood. *Child Abuse & Neglect*, 38(8), 1369-1381.
- Zebra Child Protection Centre (2017). 2016 Annual Report. Retrieved from https://static1.squarespace.com/static/57680868cd0f687b1283dc75/t/5a00d22f085229b51dea6962/1510003248819/Zebra_AnnualReport_2016_SPREAD.pdf

Appendix I: Department of Justice Canada's Guidelines for CACs/CYACs in Canada

The CAC/CYAC provides services to children, youth and their supporting family members in a safe, neutral and comfortable child-friendly setting. (p.64)
The CAC/CYAC will include an integrated, multidisciplinary team from the core disciplines and agencies involved in the case, usually police, child protection services, medical and mental health assessment and treatment, prosecution, and advocacy and support. (p.65)
Culturally competent and socially inclusive services are available to all children, youth and their families and caregivers at the CAC/CYAC. (p.68)
Forensic interviews are conducted in a manner that is legally sound, of a neutral, fact-finding nature, follows leading practices and are conducted jointly by police and child protection services to avoid duplicative interviewing. (p.69)
Victim advocacy and support services are neutral and available to all children, youth and their families at the CAC/CYAC. Advocacy and support are offered to help reduce trauma for the child/youth and supporting family members and to improve outcomes. (p.71)
Specialized medical evaluation and treatment services are routinely made available to all children and youth and are coordinated with the multidisciplinary team response. All cases of suspected child abuse shall be assessed to determine the need for a medical evaluation. (p.72)
Comprehensive trauma-informed counselling and mental health services, designed to meet the unique needs of children, youth and their family members, are essential to the multidisciplinary team response. (p.74)
A case review is an essential process that supports information-sharing and decision-making with respect to the investigation, case status and services needed by the child/youth and family, and should occur at least once per month. Participants will include all members of the multidisciplinary team. (p.76)
Case tracking refers to a systematic method where specific data are routinely collected on each case served by the CAC/CYAC. CACs/CYACs must develop and implement a system for monitoring case progress and tracking case outcomes for all multidisciplinary team components. (p.78)
Every CAC/CYAC must have a designated legal entity responsible for the governance of its operations. The role of this entity is to oversee ongoing business practices of the CAC/CYAC, including setting and implementing administrative policies, hiring and managing personnel, providing training and support to personnel, obtaining funding, supervising program and fiscal operations, and long-term planning. (p.79)

Department of Justice Canada (2015)

Appendix II: Key Stakeholders Engaged in Interview Process

Crown (prosecutors)

Victim Witness Assistance Program

Youth Justice

York Region Children's Aid Society

Dnaagdawenmag Binnoojiiyag Child & Family Services

Jewish Family & Child Services

York Regional Police

Kinark Child & Family Services

York Support Services Network, Developmental Services

360 Kids

MacKenzie Health

Southlake Hospital

Markham-Stouffville Hospital

Sandgate Women's Shelter

Yellow Brick House

York Region District School Board

York Catholic District School Board*

*Contacted, but interview not completed

Appendix III: Key Stakeholder Interview Questions

Feasibility Study – York Region

1. Please provide some information about your professional role, the organization you are affiliated with, and its role and interest in child advocacy/protection.
2. Do you see any gaps (services that are missing) in the current service offering available in York Region to support children and youth who are either victims or witnesses?
3. Based on the background information provided on CYACs, do you see a need for a CYAC in York Region? Why? Why not?
4. Do you feel a coordinated approach to investigation, intervention, and provision of medical and mental health services will benefit children, youth, and their families involved in the justice system as victims or witnesses? If so, how? If not, why not?
5. Would a coordinated approach to investigation, intervention, and provision of medical and mental health services have an impact on your organization? In what ways?
6. In your opinion, are there key issues or challenges that will need to be addressed to support the creation of a CYAC in York Region? Do you have any thoughts on how these can be overcome?

Thank you for your time and contributions to this feasibility study.