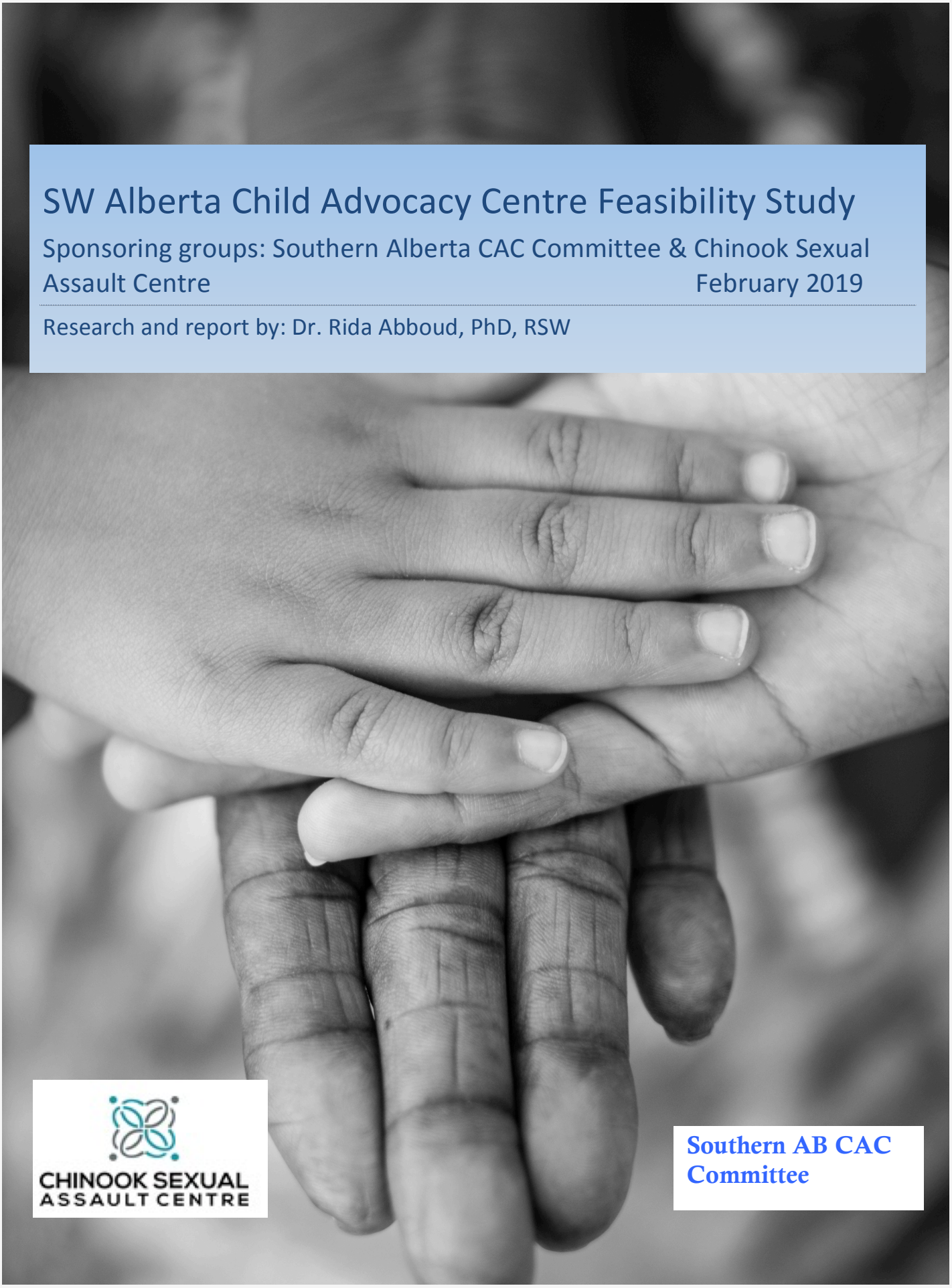

SW Alberta Child Advocacy Centre Feasibility Study

Sponsoring groups: Southern Alberta CAC Committee & Chinook Sexual Assault Centre

February 2019

Research and report by: Dr. Rida Abboud, PhD, RSW

CHINOOK SEXUAL ASSAULT CENTRE

Southern AB CAC Committee

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Introduction

In Canada, the abuse and neglect of children and youth continues to be a pressing social issue that requires a complex system of response. Besides being a direct abuse of the human rights of children and youth, the trauma associated with abuse and neglect has significant impact on their physical, mental and emotional health, as well as the health and well-being of their families. Significant efforts have been made to strengthen legislation, services and supports for victims of abuse and neglect over the last few decades, but it is evident that as a society, we can do better.

Child and youth (C&Y) abuse and neglect has been identified as a major global public health concern by experts, and is a complex social issue that needs to be addressed through a variety of interventions and preventions. Young victims can be particularly challenging to serve because they "may be unaware that they are being victimized, may not know how to seek help or may be unable to report their victimization" (United Nations, 2006; Ogrodonik, 2010; Kuoppamaki et al. 2011, as cited in Statistics Canada, 2016).

Child abuse and neglect is any type of maltreatment by someone in a position of authority and trust toward someone under the age of 18[i]. There are several types of abuse: **Neglect** – when an individual is not provided the basic needs for his or her physical, psychological, or emotional development, or well-being and survival; **Emotional** – the constant tearing down of an individual, usually based on power and control; **Physical** – any non-accidental act that results in trauma or physical injury; **Sexual abuse** – when one person forces another to engage in any sexual act, or sexual advances.

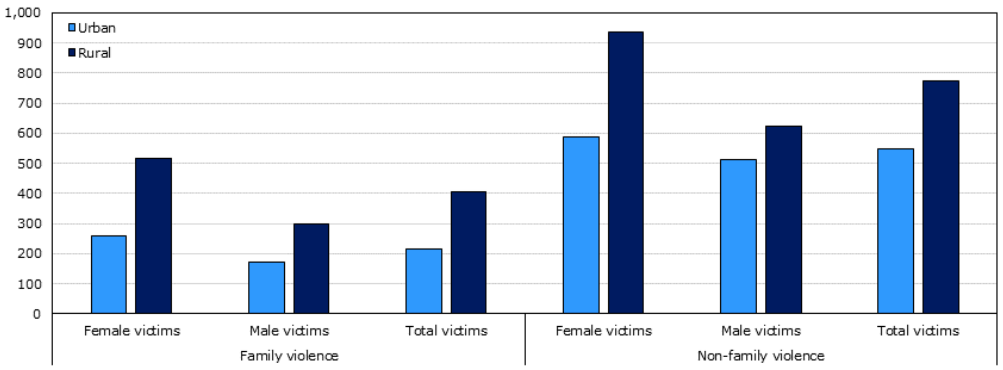
Rates of police-reported violence in Canada, 2017[ii]

- Rates of family violence against C&Y increased by 6% overall between 2016 and 2017.
- In 2017, there were approximately 559,236 child and youth victims (aged 17 and younger) of police-reported violent crime in Canada. Females represented over half (56%) of this age group.
- Children and youth represented around 1 in 6 (16%) of victims of violent crimes.
- The majority of child and youth victims of family violence were victimized by a parent (58%).
- Overall, physical assault was the most common type of family violence reported (56%), followed by sexual offences (32%).
- Similar to non-family violence against C&Y, rates of family violence increased with age: from 144 per 100,000 population for those aged 5 and under, to 367 per 100,000 for those aged 15-17.
- Three quarters of C&Y victims of police-reported family-related sexual offences saw a charge laid, higher than charges laid for victims of non-family related incidents that were cleared.

As the table below shows, the rates of family and non-family violence are higher in rural areas than in census urban areas.

Child and youth victims of police-reported family and non-family violence, by sex and urban or rural area, provinces, 2017

rate per 100,000 population



Note: An urban area is defined as a census metropolitan area (CMA) or a census agglomeration (CA). A CMA consists of one or more neighbouring municipalities situated around a major urban core. A CMA must have a total population of at least 100,000, of which 50,000 or more live in the urban core. To be included in the CMA, adjacent municipalities must have a high degree of integration with the central urban area, as measured by commuting flows derived from census data. A CA must have a core population of at least 10,000. Rural areas are all areas outside of CMAs and CAs. Rates are calculated on the basis of 100,000 population aged 17 years and younger. Populations based upon July 1st estimates from Statistics Canada, Demography Division. Victims refer to those aged 17 years and younger. Excludes spousal victims under the age of 15 years and victims of dating or other intimate partner violence under the age of 12 years. Excludes victims where the sex or the age was unknown or where the accused-victim relationship was unknown. Excludes a small number of victims in Quebec whose age was unknown but was miscoded as 0. Excludes data from the territories.
Source: Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting Survey.

Table source: Statistics Canada, 2017

While these statistics provide a glimpse into the realities of lives of many C&Y, it must be understood that police-reported numbers do not reflect the fact that there are many more victims of abuse and neglect. As stated by Canada's Chief Public Health Officer[iii]:

> *People are reluctant to talk about family violence, meaning it often goes unreported. Reasons for not reporting family violence include fear and concerns about safety, stigma and not being believed. In some cases, people believe it is a personal matter or not important enough. They may also be depended on the person who is being abusive or violent.*

Family Violence in Indigenous communities

There are several factors that must be considered when trying to understand the rates of violence in Indigenous communities. Underreporting, no universally accepted definition of family violence, contextual differences in reporting for First Nation reserve communities than non-Indigenous communities, and the homogenization of diverse Indigenous communities in empirical research (as cited in Holmes and Hunt, 2017[iv]).

In 2014, 40% of indigenous peoples and 29% of non-indigenous peoples said they had experienced abuse before the age of 15 years old[1].

"There is agreement, however, that Indigenous people in Canada, especially women, experience disproportionately high rates of violence, including 'family violence'" (p.19). Family and kinship systems have been at the heart of wellness in Indigenous communities, where a lack of hierarchy between gender variance, sexual orientation and relationship orientation. "Colonialism has interrupted these networks through the imposition of heteropatriarchial family model resulting in wide-ranging and harmful impacts on the health and well-being of Indigenous families and communities" (Holmes & Hunt, 2017)

Indigenous holistic worldview is an understanding of the connections between the individual, family, community, nation and the natural and the spirit worlds.

Family violence in Indigenous communities is the result of and complicated by many factors including:

- Colonialism as a rupture to Indigenous holistic worldviews
- Gaps in health and social services
- Continued impact of residential schools, including intergenerational trauma
- Economic inequality, and a lack of safe places or housing
- Drug and alcohol abuse, not as a causal factor of family violence, "but rather one of many factors resulting from colonialism that are linked to family violence (Holmes & Hunt, 2017, p. 22)
- Fear around involvement of justice and child welfare systems, based on historical injustices and current colonial arrangements between Indigenous communities and provincial and federal governments.
- Systemic oppression and discrimination

…"marginalization and discrimination put communities at risk of violence and the same factors deny victims protection of the welfare and justice system"

(Andersson & Nahwagabbow, 2010, p. 5)

The impact of abuse and neglect on children and youth victims[v]

- **Children in preschool** – stop doing things they used to do when they were younger, sleep disturbance, language interruption, show signs of severe separation anxiety.
- **School-aged children** – feel guilty about the abuse and blame themselves for it, impacts self-esteem, withdrawal from activities, decreased school involvement, social isolation, heightened aggressive behaviours, and physical impacts like headaches and stomachaches.

- **Youth –** fighting, decreased school attendance, risky behaviours such as unprotected sex and alcohol or drug abuse, social isolation, exhibit bullying behaviours, illegal activities, depression and anxiety.

Children and youth who are victims of abuse and violence are at a greater risk of repeating the cycle as adults by entering abusive relationships and/or becoming abusers. C&Y victims are at a higher risk for health problems as adults, such as depression, anxiety, diabetes, obesity, heart disease and other psycho-social impacts.

Background

The Child Advocacy Centre (CAC) model has become a crucial piece of the systems response in over 40 districts across Canada, over the course of the last two decades.

In 2016, the Palliser Regional School Division, Child and Family Services, Alberta Health Services have been working together to assess the willingness of systems partners and community collaborators in the potential CYAC model feasibility and development. that would be consistent for the south region (including Medicine Hat).

Child Advocacy Centres (CAC) and Child and Youth Advocacy Centres (CYAC) are often used interchangeably. For the purposes of this report, CAC will be used.

It was decided in 2018 that the main needs of the committee were not met and that the south region would be split into two areas for the feasibility study. As a result, two sexual assault centres (Medicine Hat and Lethbridge) were contracted to complete the asset-based needs assessment for each region, with the intent that there would be a joint proposal with a similar model put forth for both regions in March 2019.

Purpose of the regional feasibility study

- Identify strengths and challenges of the regions current system supporting child and youth victims of abuse and violence (extreme neglect, physical and sexual).
- Assess stakeholder commitment in the Child Advocacy Centre model and intersection with the regions current model that supports child/youth and non-offending families of abuse.
- Review current literature regarding the efficacy of Child Advocacy Centre Models.
- Honour and highlight the systems strengths; identify opportunities for collaboration; and, suggest areas of recommendation for improvement.
- Propose model that would best service South East and South West areas of the region.
- Provide recommendations regarding next steps for the project.

What is a Child Advocacy Centre (CAC)?

Child Advocacy Centres (CAC) and Child and Youth Advocacy Centres (CYAC) arose out of the need to reduce stress placed on child/youth victims during sexual abuse investigations. Previously, a lack of coordination between social services and the criminal justice system meant victims were interviewed multiple times by different agencies, often by people untrained in child development[vi]. Historically, CACs have primarily responded to child sexual abuse, however today, their breadth has expanded to include all forms of abuse, violence and neglect that C&Y may face[vii].

Child Advocacy Centres are a deliberate and coordinated safe place for child victims and their non-offending caregivers, that is community-based, child and youth focused and culturally competent. It is a systems response that uses a "seamless, coordinated and collaborative approach to addressing the needs of victims or children/youth who have witnessed a crime"[viii].

Despite there being an established set of standards, Jackson's (2004) national review of CACs in the United States found sufficient variations in the implementation of CACs. A more recent review arrived at similar conclusions, resulting in Herbert et al. (2018) to theorize that CAC's fall into one of three categories: Include all services in one location. Include all services in one location.

Basic CAC	Aggregator CAC	Centralized full-service CAC
Include the core services of interviewing, advocacy, and a framework for agency collaboration between law enforcement, prosecutors, and child protection.	Include many of the expected services, but have fewer partner agencies, services on-site, and CAC staff.	Include all services in one location.

The Department of Justice Canada, in the 2018 *Understanding the Development and Impact of Child Advocacy Centres* report, state the following overall effect on CAC clients:

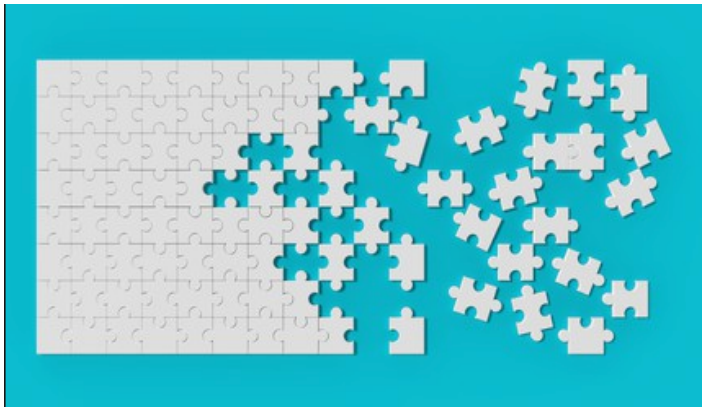
The CACs reduced both non-financial and financial hardship for clients. They reduced stress and re-victimization by providing a single, safe, and child-friendly place for victims and their families to obtain interviews, information and support; reducing the number of victim interviews; providing a single point of contact through the victim advocate who provided emotional support, information, referral to services, and/or navigating intimidating systems; and in some sites providing emergency cell phones, bus tickets, taxi slips, and/or food vouchers.

National Children's Alliance CAC standards

In the United States, The National Children's Alliance (NCA), the national association and accrediting body for CACs, identifies the following as standards of the CAC model (2017a):

Multi-disciplinary team – CACs bring together law enforcement, prosecution, victim advocacy, child protection, and mental health professionals into one team	**Cultural competency and diversity** – CACs functionally with the ability to serve, appreciate, understand, and interact with members of diverse groups
Forensic interviews – CACs gather information in an unbiased, legally sound, developmentally and culturally sensitive way	**Victim support and advocacy** – CACs ensure consistent and comprehensive support for children and their families
Medical evaluation – CACs provide or refer children for medical examinations with providers carrying specialized training	**Mental health** – CACs provide tailored, trauma-informed mental health supports to children and their caregivers to reduce suffering and negative ongoing or long-term impacts
Case review – A formal processes to allow the multi-disciplinary team to share information and monitor their collective effectiveness	**Case tracking** – CACs utilize a system to monitor the progress of cases and case outcomes
Organization capacity – CACs have a designated legal entity responsible for its operations (e.g., a designated agency, affiliation with another organization, or as part of a government agency)	**Child-focused setting** – CACs are comfortable, private, and both physically and psychologically safe for children

More detail about the model and scope of CAC/CYACs are found in the literature review and program scan section of this report.



Feasibility study methodology and scope

The feasibility study process started in October 2018 and was completed in February 2019. The SW AB Committee provided funding to the Chinook Sexual Assault Centre to complete the feasibility study in SW Alberta. A consultant was hired to complete the research and present a report to the Chinook Sexual Assault Centre, the sponsoring agency of the feasibility study.

Data was collected in a variety of ways to inform the report:

- Literature Review and program scan
- CAC visits or phone calls with 5 sites across Alberta – Edmonton, Grande Prairie, Fort McMurray, Red Deer and Calgary.
- Surveys – online and telephone
- Telephone interviews with individuals from Piikani and Kainai
- Focus groups in 3 sites – Pincher Creek, Taber and Lethbridge

Limitations of current study and required inclusions for next steps

There are several points that should be considered regarding the process for this feasibility study. First off, the time within which this study was completed was shortened and accelerated. The first attempt at this process, which halted in mid-2018, spanned across a 2-year period, and unfortunately did not yield any results that could be transferred over to this report. As a result, the time that this report had to complete the asset-based needs assessment and model development was shortened to a three-month period. Although we feel confident in the results that this feasibility study yielded, there may be some concerns that it did not manage to cover more scope or include more respondents.

Moreover, this feasibility study process that preceded this current one had other impacts. As a result of the methods that were conducted, there is currently some confusion around the current feasibility study, which has contributed to some skepticism in the responses to the survey and in the focus groups. Some time was spent in 'setting the record straight' as to what the difference between the two process are, and what this current process has in terms of support and partner commitment.

> ***Indigenous communities have identified the importance of developing understandings and responses to violence, which connect current struggles for self-determination at personal and community scales (Baskin, 2006).***

Finally, and most importantly, there is a sense of mistrust from several key partners in the Piikani and Kainai Nations because of the previous process. It is the commitment of the Chinook Sexual Assault Centre that Indigenous partners on- and off- reserve must be a part of not only the feasibility study, but the model development, to ensure that it is a culturally

responsible, responsive and relevant model to urban, rural and on-reserve Indigenous population. When the researcher for this process and the sponsoring agency representative reached out to gather the input and perspectives, it was met with some hesitancy. Reasons given to us were that there was a process that already elicited their input, never to be returned, that it felt that it was token representation, and a fostering shame and stigma as a result of the historical and continued colonial relationship between Indigenous and non-Indigenous communities.

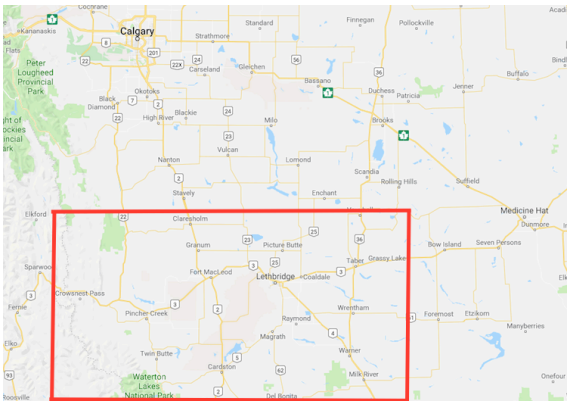
It was clear to the researcher that the respectful and fulsome involvement of Indigenous partners and communities was not going to occur within a three-month period. Relations between the SW Alberta committee, the Chinook Sexual Assault Centre and our partners in Piikani and Kainai need to be nurtured and a trusting partnership need to replace the relations that were broken in the previous study process.

While there are some Indigenous voices that are included in the survey and interview responses, they by no means should be read as conclusive. A longer, more engaged process must occur if this feasibility study turns into a model development strategy. More time and stronger, more trusting relationships are required. The Chinook Sexual Assault Centre, the sponsoring organization for this feasibility study, has started to build these bridges, and will in the near future attend the Piikani Interagency Meeting, as well as attend the Lethbridge Indigenous Services interagency monthly meetings.

Discussions with other CACs in Alberta around the relationship between the CAC and Indigenous communities have provided some insight that this requires time, trust and on-going engagement, and not to be 'completed' only within the feasibility study time period. Several CACs have opened their doors for service, while continuing to build trusting relationships with surrounding Indigenous communities.

Regional scope

When it was decided by the Southern Alberta CAC committee to separate the SW and SE Alberta region in two focused regional studies, the SW Alberta feasibility study focused on the approximate following areas:



SW Alberta Demographics

The census metropolitan area (CMA) of Lethbridge (includes the city of Lethbridge and Lethbridge County) has the 4th largest population, and the 5th largest immigrant population in Alberta.

Lethbridge, including immigrant populations[ix]:

Number and distribution (in percentage) of the immigrant population and recent immigrants in census metropolitan areas and census agglomerations, Alberta, 2016

	Total population	Immigrant population		Recent immigrants (2011 to 2016)	
Geography	Number	Number	%	Number	%
Alberta	3,978,145	845,220	21.2	207,790	5.2
Calgary	1,374,650	404,700	29.4	93,255	6.8
Edmonton	1,297,280	308,605	23.8	78,515	6.1
Red Deer	98,480	14,680	14.9	5,235	5.3
Wood Buffalo	73,210	15,875	21.7	4,995	6.8
Lethbridge	113,920	15,365	13.5	3,400	3.0
Grande Prairie	62,055	6,655	10.7	2,450	3.9
Lloydminster	34,090	4,490	13.2	2,370	7.0
Brooks	23,410	5,240	22.4	2,345	10.0
Medicine Hat	74,665	6,325	8.5	1,375	1.8

Further breakdown of the Census subdivision provides some population data of smaller metropolitan centres around Lethbridge[x], as well as Lethbridge by age[xi]:

Census subdibision (CSD) Name	2016
Lethbridge	92,729
Lethbridge County	10,353
Taber	8,428
Coaldale	8,215
Crowsnet Pass	5,589
Pincher Creek	3,642
Coalhurst	2,668
Picture Butte	1,810
Nobleford	1,278
Granum	406
Barons	341

Lethbridge Age Characteristics

	Total	Male	Female
0 to 4 years	5,205	2,600	2,605
5 to 9 years	5,250	2,745	2,505
10 to 14 years	4,550	2,335	2,220
15 to 19 years	5,045	2,510	2,530

Indigenous population, Alberta, 2016[xii]:

The regional area for this feasibility study covers a portion of the Blackfoot Traditional Territory Map[xiii].

Image source: Piikani Nation

Census counts for Indigenous population in Alberta shows that about 12.6% reside in medium population areas, such as Lethbridge, and that while 44% live on reserve, 56% do not. In 2016, 6,135 'Aboriginal-identified' individuals lived in Lethbridge.

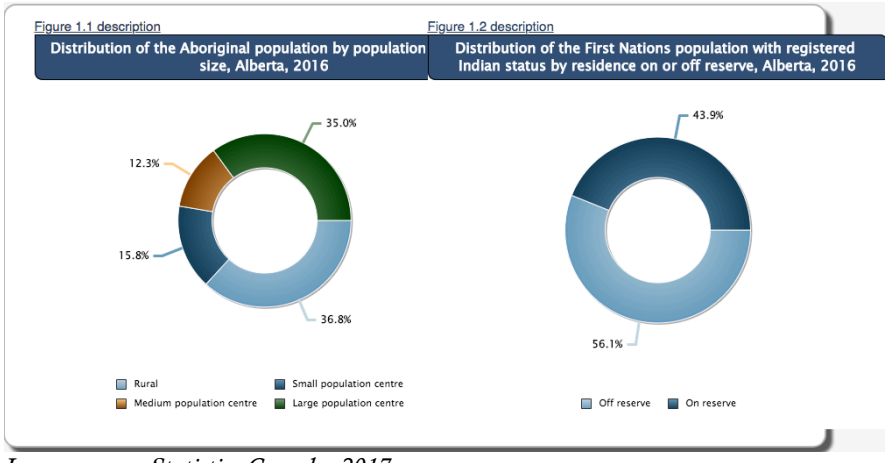


Image source: Statistics Canada, 2017

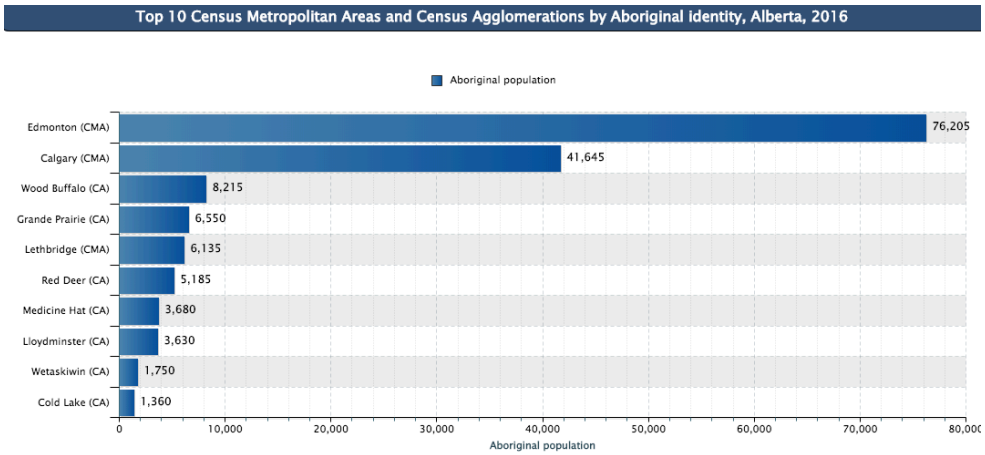


Image source: Statistics Canada, 2017

Piikani and Kainai Nations[xiv]

Image source: Piikani Nation

Piikani Nation

- The Piikani Nation consists of roughly 3600 registered members, of which 40% live off reserve.
- On January 15, 2019, the Nation Chief and Council were inaugurated. Chief Stanly C. Grier was welcomed to his second term.

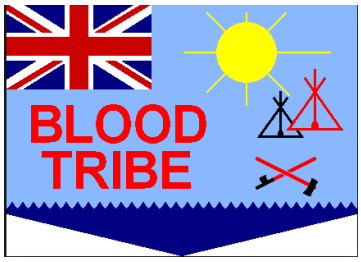


Image source: Kainai Nation

Kainai Nation:

- The Kainai Nation population as of 2015 was estimated at 12,500.
- The Council is led by Head Chief Roy Fox.

Child abuse and neglect statistics for SW AB

RCMP data from 12 detachments

According to the RCMP data from 12 detachments in the SW AB region, there were a total of 221 cases of RCMP-reported cases of crimes committed against individuals under the age of 17. Appendix I provides more detail related to victim gender per detachment, total case clearance count, total types of offense[xv].

**It is important to note that the table below includes Pincher Creek in the total count for the region, however the data tables found in Appendix I does not include Pincher Creek.*

Detachment	Age																	
Detachment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Grand Total
Cardston	1					1		1				1	2	1	5	3	8	23
Claresholm								1	1		1	1	2	3	3		3	15
Coaldale		1									1	2	1	3	1	2	3	14
Crowsnest Pass			1						1	1	2	1		2	5	1	2	16
Fort MacLeod					1	1					1	1	1		3	2	6	16
Milk River						1									3		2	6
Nanton					2					1			2	1	1	1	3	11
Picture Butte						1					2	1	1	2	1	3		11
Piikani Nation	1		1	2					2		1	1	4	4	3	7	5	31
Raymond Magrath		1		1	1			2	3		2	4	1	3	3	4	6	31
Taber Vauxhall					1		1				1	2	1	1	2	1	3	13
Vulcan				1					1	1	1		1	1	1	1	1	9
Pincher Creek		2							1			2	2	5	2	5	6	25
Grand Total	2	4	2	4	5	4	1	4	9	3	12	16	18	26	33	30	48	221

Image source: RCMP data, 2017

Lethbridge Police-reported data

Currently, data collected by Lethbridge Police does not differentiate based on age categories, therefore numbers of abuse and neglect against C&Y is unavailable at this time. The following numbers of crimes against person, may be of some use, although should be read with caution since it is unclear how many victims are under 17 years of age.

	Reported 2017	Reported 2016
Sexual Interference/Exploitation/Touching	11	12
Sexual Assault	70	54
Assault	942	779
Domestic Violence	1692	1693

Table source: Lethbridge Police Services

Further differentiating the age of the victim would be an opportunity in the future for the Lethbridge Police Services in understanding the extent of C&Y abuse and neglect in Lethbridge.

Note regarding complexity of SW Alberta and 4 distinct Policing agencies

It is important to understand that the clear picture of C&Y victims in SW Alberta is a complex endeavor. In the region, there are 4 distinct Policing agencies: 1) RCMP (spanning 12 detachments); 2) Lethbridge Police Services; 3) Taber Police Service, and; 4) Blood Tribe Police. While we were able to gather some data from the RCMP and LPS, data was unavailable at the time of reporting from Taber Police and Blood Tribe Police. Moreover, any future coordination and/or collaboration between these agencies in the CAC model development will require particular attention to jurisdictional implications and inter-agency relations.

Children's Services data

The following table shows the numbers of cases referred to Children's Services. This data includes cases that were substantiated and did or did not require CS intervention, as well as numbers that were unsubstantiated by CS and there was no intervention required.

Physical Abuse/Injury or Risk of				
	2016/2017	2017/2018	2018/2019	**Total**
Substantiated – Intervention required	28	62	34	**124**
Substantiated – No intervention required *(did not require removal of victim from family)*	117	111	41	**269**
Unsubstantiated – No intervention required	69	61	59	**189**
Sexual abuse or Risk of				
Substantiated – Intervention required	12	10	11	**33**
Substantiated – No intervention required *(did not require removal of victim from family)*	56	31	28	**115**
Unsubstantiated – No intervention required	31	38	24	**93**

Highlights from the Literature review and program scan

Below are high-level points that were gathered on CAC/CYAC related literature review and program scan. Appendix II and III have more detail.

Methods for literature review

A literature review was conducted to investigate Child Advocacy Centres (CACs) with a specific focus on highlighting key elements of CACs and evidence supporting or refuting their effectiveness. A systematic approach was taken to constructing the literature search strategy to ensure the process was as transparent and reproducible as possible. The intent of the literature review, however, was not to be an exhaustive review of evidence but to be a more precise examination directly related to the topic of interest.

Searches were conducted iteratively, with each search informing the keywords utilized in subsequent searches. These included combinations of the following terms: "Child Advocacy Cent*" OR "Child and youth advocacy cent*", "Comparison", "Longitudinal", "Medical", "Mental AND Health", "Model", "Standard", "Literature Review" OR "Meta-Analysis" OR "Scoping Review" OR "Systematic Review".

The effectiveness of CACs/CYACs

- Relative to comparison communities, those with CACs have increased coordination on investigations and child forensic interviewing and are more likely to have those interviews conducted in child-friendly settings rather than more undesirable locations (e.g., police stations)(Cross, Jones, Walk, Simone, & Kolko, 2007).

- Promising evidence supporting CAC's multidisciplinary approach, noting how this helps reduce the stress and trauma experienced by child victims and their caregivers (Elmquist et al., 2015).

- Jones, Cross, Walsh and Simone (2007) found that satisfaction amongst caregivers was higher with CACs than standard services and other studies have similarly found high levels of satisfaction, albeit without comparison groups (e.g., Bonach, Mabry, & Potts-Henry, 2010; Carman, 2004).

- Compared to other communities, those with CACs have been shown to offer better access to law enforcement (41% vs. 15%)(Cross et al., 2007), mental health services (72% vs. 31%), and medical examinations (37-49% vs. 13-35%)(Cross et al., 2008).

- Numerous studies investigate criminal justice outcomes and regardless of the outcome of interest (e.g., case substantiation, filing of charges against offenders, guilty pleas by offenders, conviction, longer incarceration) they generally point to

better results in cases involving CACs (Joa & Edelson, 2004; Miller & Rubin, 2009; Smith et al., 2006; Wolfteich & Loggins, 2007).

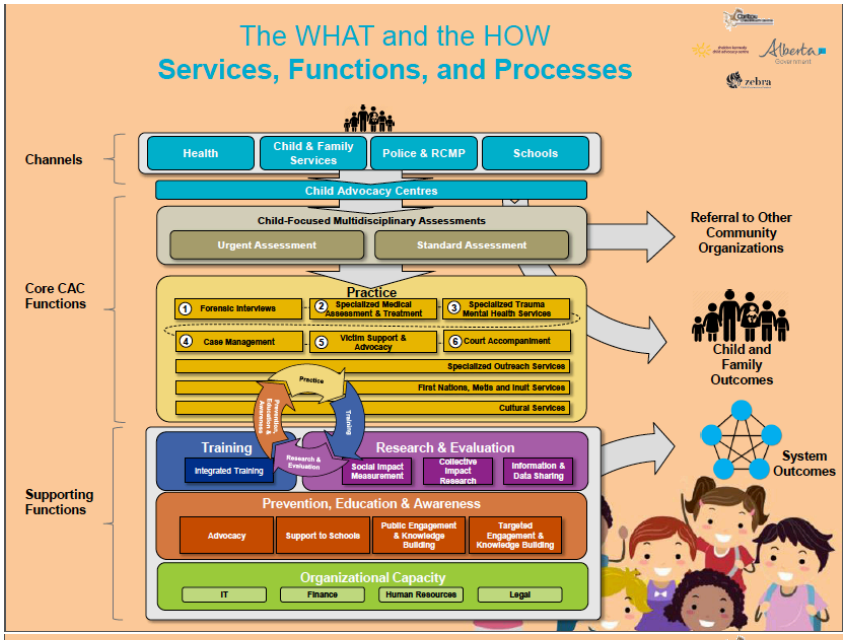
Common components of CACs

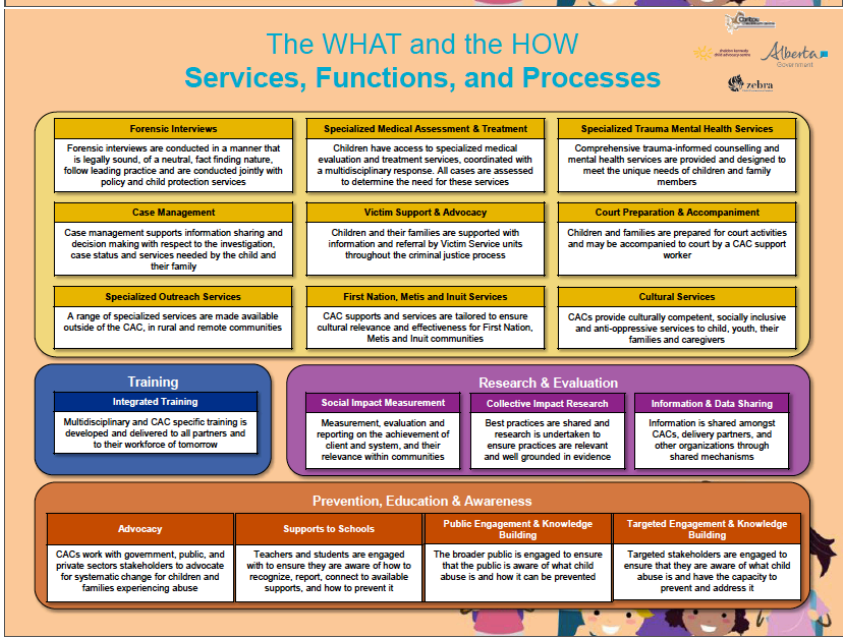
Multi-disciplinary teams (MDTs) are a core component of child advocacy centres. A child advocacy coordinator or victim advocate is a key member in all but two of the Canadian CACs. Law enforcement, child protection workers, and victim services are also on the majority of the MDTs. Crown prosecutors, medical professionals, and counsellors/psychologists are additional members that serve on some of the MDTs. Due to the multi-disciplinary nature of the CACs, all of them have information sharing processes/policies amongst the partners (e.g. signed consent).

	Big City Programs (over 400,000)	**Rural Programs (under 215,000)**
MDTs	Most programs consist of: • a victim advocate • law enforcement • victim services • child protection workers • medical professionals • counsellors/psychologists.	Most programs consist of: • a victim advocate • law enforcement • victim services • child protection workers • medical professionals
Common Processes	Most programs offer: • advocacy • forensic interviewing • child friendly meeting places • social worker support • law enforcement support • forensic medical examinations • Most of the programs also provide a therapy dog	Most programs offer: • advocacy • forensic interviewing • child friendly meetings places • law enforcement support.
Role of Victim Advocate	Most programs provide: • support for the child/youth and family during forensic interviews • ongoing support/follow-up • provision of information • system navigation support	Most programs provide: • Support for the child/youth and family during forensic interviews (although this is less common that in large city-based models) • ongoing support/follow-up • provision of information • system navigation support
Forensic Interviews	Typically conducted by law enforcement and videotaped	Typically conducted by law enforcement or a child protection worker and videotaped

Common framework of 3 CACs in Alberta:

The following common framework has been developed by the Province of Alberta with the input from three CACs in Calgary; Zebra Centre (Edmonton), Calgary And Area CAC, and Caribou Centre (Grande Prairie)[xvi]. This framework provides an overview of the services, functions and processes that have shown to support the service delivery model, and provides insight for the model for SW Alberta.





Site Visit and phone call highlights

Site visits with three Alberta CACs and phone calls with 4 CACs in Canada, as well as the National Advocacy Centre (US) help inform this report. Here are some themes:

Must be community based

- Ensure that there is stakeholder involvement in the development of the model.
- A community-based agency is a good place to house a CAC, particularly one that works with similar populations to a CAC.
- Don't worry about replicating other models, make the model fit the community it will be serving.

Must be a shared and child-friendly space

- The CAC must be first and foremost a child friendly space, where the victims and families comfort is at the forefront of the organization.
- Partners should have the ability to share space for triage and interviewing.

True collaboration is required

- Systems and agencies must work together with a client-centered focus, organizational mandates should be secondary to the clients needs
- Buy-in from leadership in each collaborating agency is a must

Bring in partners through a phased approach

- Most CACs did not have all of the partners involved from begining, but worked to involve them over time.
- Trust and transparency is required to ensure strong collaboration. Spend extra time with potential partners if required.

Survey data

In February 2019, a survey was disseminated to 113 individuals across SW Alberta who fall under the following profile:

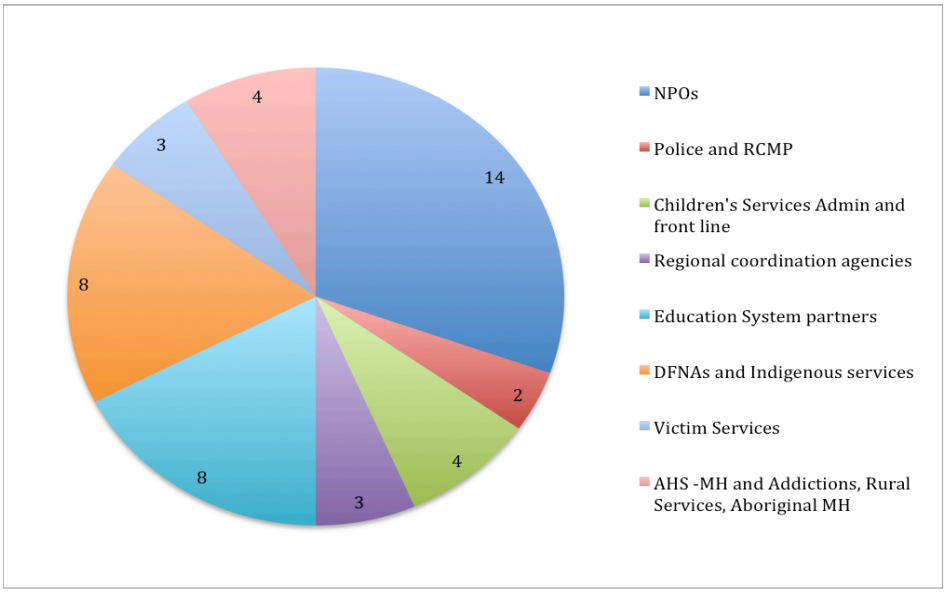
- Living and/or working in the region identified in the scope map on page 9.
- Work in a system partner, non-profit organization, community organization that have direct contact with or knowledge of the systems of response to C&Y victims and/or knowledge of the impact of violence and abuse for C&Y victims.

The survey questions ask respondents a variety of questions based on three main components (the full survey is found in Appendix IV):

1. General sense and opinion of the need for a CAC in SW AB
2. General sense of the strength and challenges of the current response for C&Y victims
3. Input on the essential components, partners and outcomes of a potential CAC in SW AB.

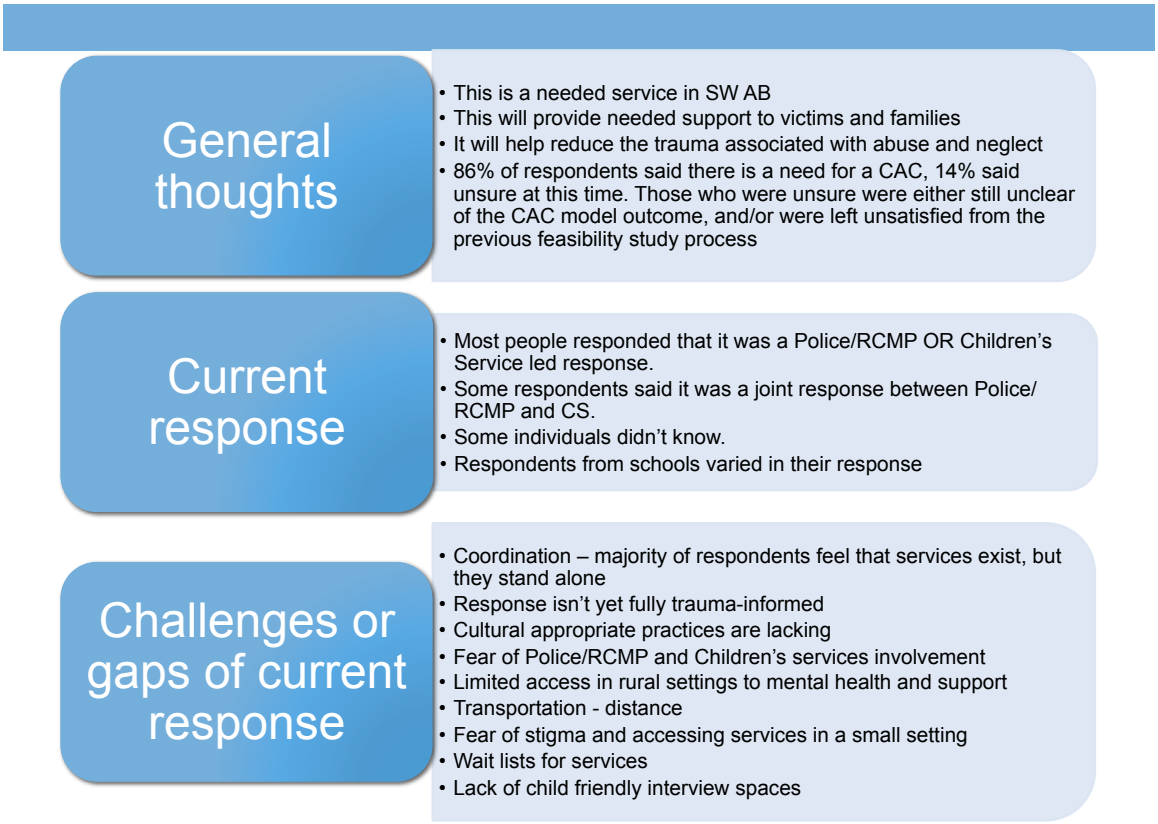
A total of 46 individuals completed either an online or telephone survey. This represents 41% return of survey respondents, which is above the preferred 30%-35% rate of response for general social science research.

A breakdown of respondents is as follows:



NPOs included: Emergency Shelters, Counselling Services, FCSS, Parent service organizations, Children's Program agencies, multi-service agencies, Domestic Violence Action Team, etc.

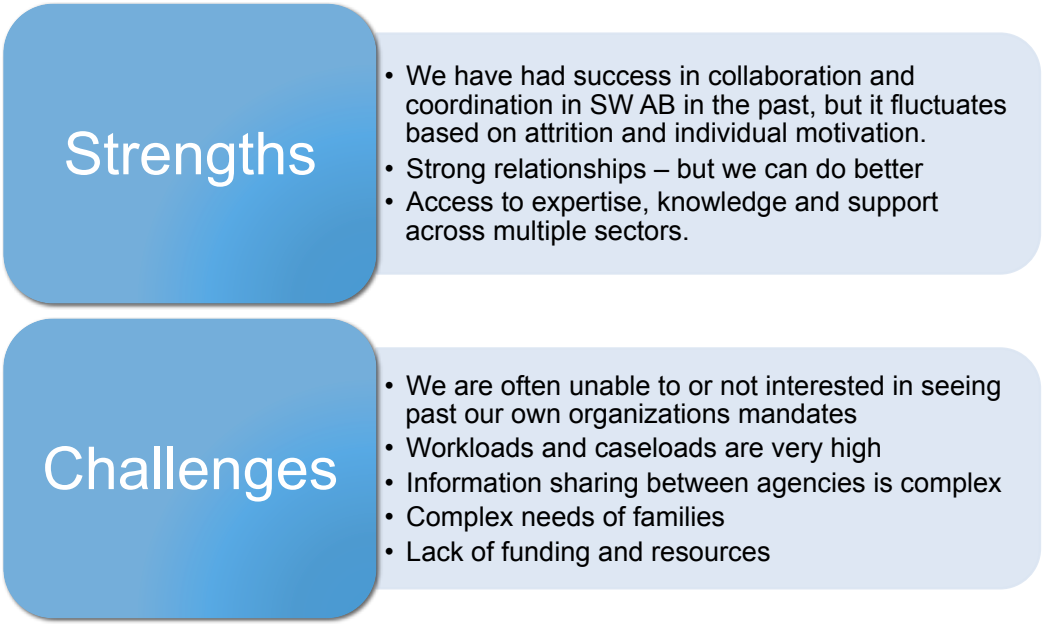
Themes from survey



Respondent quotes:

- *"Often the families that stand to benefit from intervention and support are the least likely to access of fear of involvement with CS based on previous experience or perceptions."*
- *"Our community is so limited in resources, so transportation will be the biggest obstacle."*
- *"Lack of coordination and communication between organizations."*
- *"Collaborating with other systems, because we always put agency mandate before victim need"*
- *"The waitlist challenges and service gaps are due to staffing limitations, due to funding which has not kept pace with the increased population, diversity and complexity of needs."*
- *"Lack of understanding of the system and a consistent message within the system as to how the process works.*
- *Police stations are very cold and intimidating. Who wants to go to a police station and wait in the front lobby until someone is available."*

What are the strengths and challenges in working in partnerships?



Respondent quotes:

- *"Not always on the same page as far as what is best for children and families"*
- *"Not all partners want to move beyond their mandate and think outside the box."*
- *"Competing priorities seem to always get in the way – eg. Criminal proceedings vs counselling and support for the child and family"*
- *"Obviously each agency has its own mandate and when staff from anywhere speak "through" their mandate, it doesn't leave much room for effective partnerships. However, when we are able to come to the table with an understanding that we are all committed to doing what we can with the limitations each of us have, the partnerships are much more effective."*

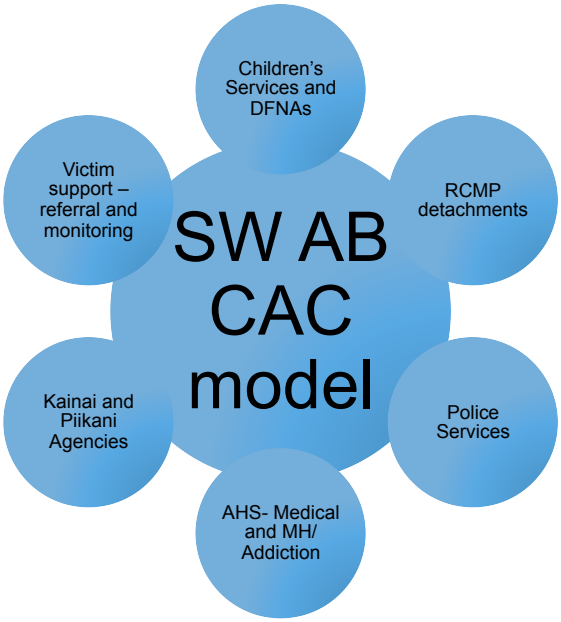
What are some essential components to a CAC model?

Three most common responses:

- **Cultural appropriate space and processes, culturally competent staff**
- **Mobile and co-located aspects**
- **Collaborative investigation process**

- Flexibility
- Common vision
- Leadership on the issue and on the CAC
- Very well coordinated
- Transportation supports
- Indigenous staff and practices
- Sharing of protocol and best practices between partners
- Shared training opportunities between partners

What partners must be included?



What does success look like?

Victims and families would tell us they feel supported and safe

- Increased capacity and resiliency in children and youth
- "We would all be collaborating and not complaining about it"
- A reduction of children going into care
- An increase in accessing supports
- More streamlined process

Community Consultation data

Three consultations took place in February 2019 in Pincher Creek, Taber and Lethbridge, with regional representation at each meeting. These consultation invites were more focused to potential partners in the CAC model development. Representation at each of the sites included:

Pincher Creek:	Taber:	Lethbridge:
• RCMP • Children's Service • Victim Services	• RCMP • Taber Police Services Children's Service • Victim Services • Emergency Shelter • FCSS • Horizon School Division	• RCMP • Lethbridge Police Service • Children's Service • Victims Service • Alberta Health Services – Rural Mental Health.

Themes from Pincher Creek

- **CAC is a much-needed resource in SW AB.**

- **While there is joint investigation between CS and RCMP, the process needs improvement.**
    - Hard to keep skilled child interviewers in RCMP, a dedicated team would be much better
    - Keeping the same team together would build a strong, high functioning team
    - There are currently no child friendly interview environments
    - When we take specific cases to CCAC, we drop them and leave. Having something closer to their home would better serve victims.

- **Biggest gap – not enough skilled or specialized therapeutic services for support after court**
    - Often victims are told that they can't receive services until after court proceedings. Sometimes they wait up to 11 weeks to receive services, and that's too long.
    - There is a hesitancy with some services providers to offer such services because of a fear of being called to court.
    - Even medical services for victims are lacking – not enough doctors are not equipped to administer sexual assault kits or are hesitant to be called to court.

- **Model – a child-friendly CAC site in Lethbridge, where there is a dedicated MDT team.**
    - There aren't enough cases to justify building a CAC in several areas in SW AB. (RCMP guesses about 10-12 per year).
    - RCMP detachments would drive victims to CAC for joint investigation and then support. CS already transports clients, could do as well.
    - When a specific individual can't travel to Lethbridge, then the MDT would travel to the site. Specific interview locations would be identified in scattered sites for these purposes.
    - There must be effort in addressing the support and therapeutic services gap in the region.
    - There must be proper representation and involvement from Piikani and Kainai, and potentially specific culturally appropriate services for victims. No one model fits all.

Themes from Taber

Systems partners in the Town of Taber expressed that they do not want to lose any of their expertise in supporting C&Y victims, and feel that there is strong collaboration that already exists.

- There is a strong network of service providers who feel that they are serving the needs of children and youth.
- There is a preference by Taber Police to keep their force skilled and prepared for child interviews.
- There is a lack of specialized services for long-term support. Even though there are some resources, they are stretched and there are too many barriers in accessing them. This is where the group saw the biggest need for improvement.
- Outside of Taber, there is a need for a more centralized CAC that can support better coordination in the region, provide a specialized support for rural RCMP and work on systems advocacy.
- **The model:** A centralized body that can support advocacy for more services in the region, can coordinate a standardized approach to serving children and youth, provide training, and act as further support for areas that are already networked. It can also act as a service center for RCMP.

Themes from Lethbridge

- **This is a need for a specialized model in SW AB**
- The Lethbridge Police Service sees this as an opportunity to provide a seamless and consistent service to children and youth victims and their families. We recognize we don't have the perfect environment for these victims.
- The RCMP believe that this is a crucial service. Transporting victims to a centralized CAC would be no issue. A CAC would also provide experienced and skilled investigation personnel that could ensure high quality interviews. A consultation with Crown Prosecution would be important to identify the key considerations required to provide effective interviews. We don't see this as being a jurisdictional issue at all. The interview is going to take place at the CAC, and then move back to the detachment for investigation. ***"We see this as getting specialized support".***

"I like a centralized CAC because there is stigma in small towns. Some people don't like being known as 'victims' and would hesitate to go into a space where they would be marked as such".

- Some in the group wondered if a CAC would actually encourage more individuals in coming forward with their abuse and neglect.

- This model also serves the family and caregivers who are themselves experience the trauma of the abuse.

- **Model:**
  - A centralized CAC in Lethbridge, with dedicated MDT team of skilled interviewers.
  - More advocacy and efforts in building capacity for better long-term care and specialized therapeutic services in rural areas, so that people do not have to travel to Lethbridge to get the services they deserve before, and after the trial.
  - Formalized triage – 2-3 times a week, involving RCMP, LPS, Children's Services and a Family support worker.

Summary of findings from surveys and consultations:

It is evident that there is a general positive reception for a CAC model in SW Alberta. Overwhelmingly, respondents to both the survey and consultations agreed that some sort of strengthened collaboration between systems partners and essential service partners would continue and ameliorate the current response and support for C&Y and their families. As someone in one of the consultations stated: ***"We should be always looking at how we can do better for C&Y victims".*** This sentiment was echoed throughout the feasibility findings.

It is recommended, based on the input from several potential partners and other stakeholders, that a centralized CAC on Lethbridge with a dedicated multi-disciplinary team would serve the needs of SW Alberta.

The model CAC development should integrate the input as shared by several partners:

- Lethbridge Police Services believe this will provide a consistent and seamless service, in a child-focused environment.
- The RCMP view this is a specialized support to their agency, and the best way to support C&Y, while decreasing the stigma associated with accessing services in rural areas.
- Taber Police, while keeping the expertise of C&Y interviewing and investigation in their agency, view the opportunity for regional collaboration and capacity building as essential to the model.
- Children's Services view the opportunity to provide the best services for C&Y and their families, and that a child-centered approach is required.
- Victims Services, in general, views this as an opportunity to strengthen the support that victims and their families receive beyond court proceedings, and that this requires more resources and specialized services in the region.

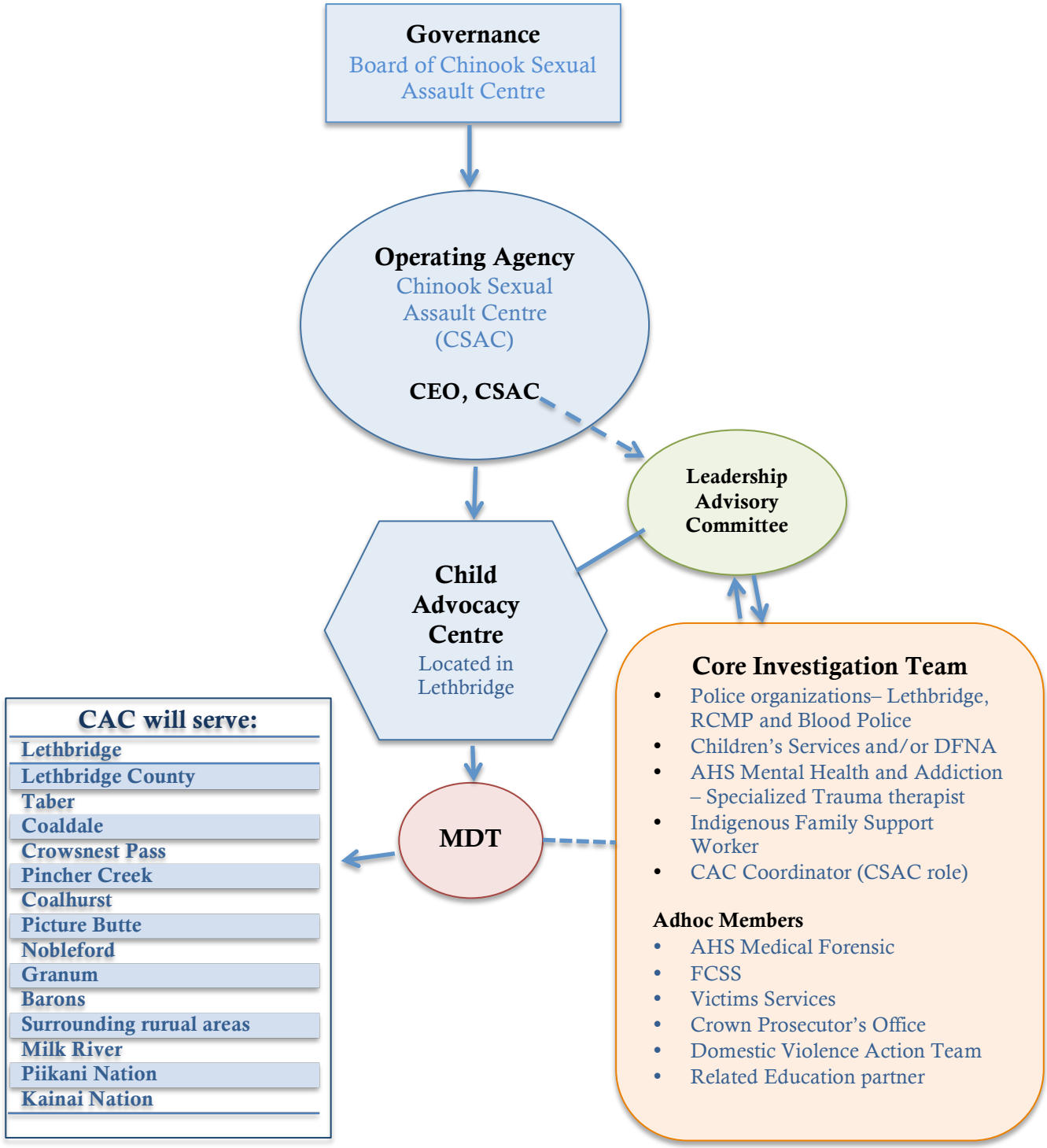
- ❖ All partners agreed that there is a need for more specialized and skilled services for victims for extended periods. Several discussions highlighted the need for this collaborative regional partnership in identifying the capacity and resource needs in order to meet this objective, and that together, the network is best places for advocating for more resources.

Identified components

- **A specialized MDT** that would triage on a consistent basis, and assess the best way forward for the interview process. They would have the ability to be mobile, if required. **The team would include dedicated officers from LPS and RCMP and Children's Services**, alongside:
  - **A specialized Child and Youth Therapist,** with experience in trauma and child abuse and neglect.
  - **A CAC coordinator** that would be on site to manage the triage process and start the victim support process and system navigation.
  - **A child life specialist** would be on site to support the victim from the start.
  - **An Indigenous family support worker** who would work with Indigenous families and best support victims when they are back in their community, and act as a bridge to Indigenous agency partners.
- **A MoU with the SART team** at the hospital to create a quick pathway to medical forensic services, if required.
- **A regional advisory committee** that would continue to work on identifying areas for further regional collaboration, joint training opportunities, increasing the effectiveness of the response to C&Y victims with the incoming provincial protocol, advocating for more resources for specialized therapeutic services.

Recommended operating agency and governance model

The following Governance and Operating model is recommended for a potential SW AB CAC. Each section will be discussed in length in the following pages.



Operating Agency: It is recommended that the SW AB Child Advocacy Centre be operated as a program through the Chinook Sexual Assault Centre. There are several reasons to the researcher as to why this would be ideal:

- The Chinook Sexual Assault Centre (CSAC) is currently working in partnership or in coordination with many of the potential MDT partners, such as Lethbridge Police, RCMP, and Children's Services. The CAC multidisciplinary environment would be a natural extension of these partnerships.
- The Chinook Sexual Assault Centre has expertise in working with victims of sexual assault and abuse. This would support the CAC model and team development. Also, it could act as a buffer and fill staffing gaps for the CAC at which times supporting staff are required.
- There are examples of close relationships between CACs and sexual assault centres that benefit the client.
    - In Grande Prairie, PACE – The Community, Sexual Assault & Trauma Centre, operates the Caribou CAC.
    - In Lloydminster, the Sexual Assault & Information Centre operates the Little Bear CAC.
    - In Fort McMurray, Waypoints, which deals with both domestic and sexual violence, has been developing the CAC for their region.
    - In Red Deer, the Central Alberta Child Advocacy Centre is located in the same building as the Central Alberta Sexual Assault Centre, and strong coordination has already occurred as a result of close proximity, and organizational mission and objectives.
- During site visits and phone calls to CACs in Canada and the United States, several key benefits were highlighted for this operating model:
    - CACs and sexual assault centres often share referrals
    - Families can be supported within minutes
    - There is access to several therapists, which is important in small communities due to conflict of interest or dual relationships
    - Both can share training opportunities
    - Non-profits are not limited by system bureaucracy, are more flexible and nimble
    - If there is an established sexual assault centre, structure, process, administration and overhead is shared, which is efficient and saves funding dollars.
    - Similar philosophical and practice philosophies – natural fit.
    - Avoid fundraising competition between agencies

With the Chinook Sexual Assault Centre as the operating agency of the CAC, the following components are further detailed:

Governance: Given that the suggested model is that the Chinook Sexual Assault Centre (Chinook- SAC) would operate the CAC, it is by a natural extension that the Board of Governors of the Chinook-SAC would act as the fiduciary body of the CAC. In essence, the CAC would be, for the purposes of the operating model, a "program" of the sexual assault centre, although not in the same office. This would be a simple and effective model by avoiding any complicated governance structure. Moreover, given that the Board Members of the Chinook-SAC are already steeped in the philosophical, administrative and operating approaches of the sexual assault centre, and given that these are similar to what it would look like in a CAC, it would be a natural extension of their current responsibilities and knowledge.

Child Advocacy Centre: The child-friendly interviewing space would be located in Lethbridge, in the same building or building near the CSAC but in its own space. The centre would be outfitted with the essential technology needs for forensic interviews – including cameras, audio and visual recording and recording storage. The Centre would be designed in a comfortable and neutral environment, where families are comforted and children feel safe and secure. Examples of other CACs provide inspiration for this space – calming colours, comfortable furniture, child-space for play and play therapy, visual aids for relaxation, etc.

CAC Leadership Advisory Committee: A committee of partner representatives and community members must be struck in order to inform and guide the CAC operating model. The relationship between the Board of Directors and this Leadership Committee is kept simple, as to avoid any potential of conflict of interest. The conduit between the two bodies would be the Chinook-SAC CEO. If there is a member of the Board of Chinook-SAC, who is a representative of one of the MDT partner agencies, then care should be made to avoid conflict of interest. Potential conflict of interest scenarios and mitigation strategies should be elaborated in the next phase of this project. It is recommended that the committee consists of:

- One representative from each of the core MDT partners
- 1-2 representatives from the Adhoc MDT partners (described below), including a representative from an Education partner, as they play a key role in the identification and referral of child abuse cases. In addition, schools have a critical role to play in the long-term care and monitoring of child victims.
- Community agencies – 1-2 representations of non-profit agencies that serve the population

Multi-disciplinary Team (MDT): It is recommended that the MDT is created of a Core Team that consistently triages and responds to potential cases, and an adhoc team that is called upon for involvement on a case-by-case basis. This group would meet on a consistent basis to triage the case and determine the plan moving forward.

The Core team would consist of:

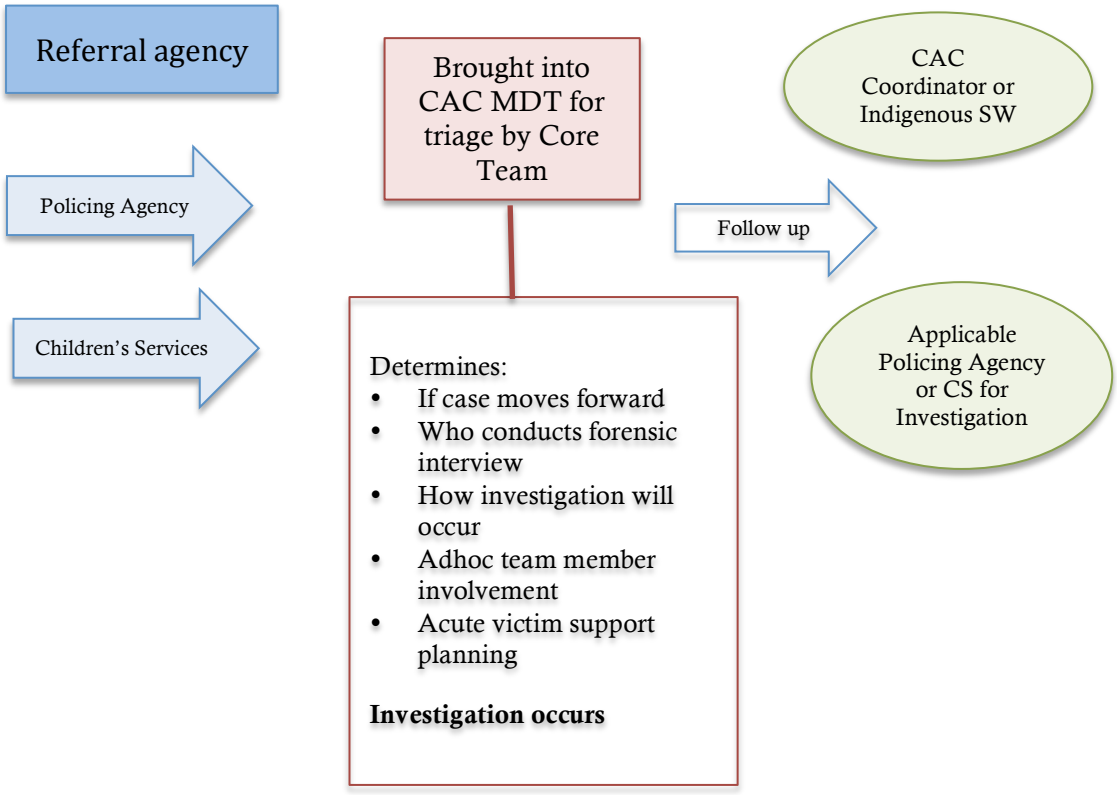
- One member of each Policing organization: Lethbridge Police Services, Blood Police and the RCMP. Current in-person commitment has been confirmed with LPS and the RCMP. Future work with Blood Police is required to bring them on board.
- Children's Services
- AHS Mental Health and Addiction – a Specialized childhood trauma therapist dedicated to the centre or funded for the centre
- Indigenous Family Support Worker
- CAC Coordinator – to coordinate the MDT, and connect families to appropriate resources.

Adhoc Team: It is recommended that an adhoc team would help support the Core Team on an as-needed basis. During triage, or during the C&Y and family support process, if a particular organization has been identified as offering a service that would best support the victim and their family, this member would be called upon to join the case conference. This team could be comprised of:

- AHS Medical Forensic
- FCSS
- Victim Services
- Crown Prosecutor's Office
- Domestic Violence Action Team
- Related Education Partners
- Others as identified in the next phase of this project

Service Areas: During the consultations, it was shared by two key partners, the RCMP and Children's Services, that they currently transport victims to and from agencies on a required basis. Furthermore, the RCMP talked about how they have transported C&Y victims and their families to the Calgary and Area CAC on occasion. Both partners believe that they would have no issues in transporting victims and their families to the Lethbridge CAC for the forensic interview. Given that Children's Services and the 12 RCMP detachments cover a wide area in SW Alberta, it is felt that the areas as listed on the table can be served by the CAC.

An initial service pathway has been drafted, but would require further elaboration and partner MOUs in the next phase.



Conclusion and next steps:

The author of this report recommends that the SW AB CAC committee proceed to the next phase of a CAC model development, after a favorable asset-based needs assessment took place in the early part of 2019. The information gathered from the following sources show that there is a need that could be addressed by a CAC:

- ✓ Statistics on child victims from the RCMP and Children Services
- ✓ Positive evidence from the literature and program reviews
- ✓ Survey
- ✓ Focus Group

It is recommended that the committee continues in the next phase to build the trust and accountability that is required to strengthen the partnerships that are necessary to implement an effective and responsive model, and to ensure continued community engagement in its development. This report outlines a potential governance and operating model, but it should be taken as a recommendation to seek feedback on, and to tailor the model based on partner feedback.

Appendix I – Detailed RCMP Detachment level data

RCMP detachment level data (please note that Pincher Creek is not included in these tables).

Count	Column Labels		
Detachment	12 Years and Under	Over 12 Years	Grand Total
Cardston	4	19	23
Claresholm	4	11	15
Coaldale	4	10	14
Crowsnest Pass	6	10	16
Fort MacLeod	4	12	16
Milk River	1	5	6
Nanton	3	8	11
Picture Butte	4	7	11
Piikani Nation	8	23	31
Raymond Magrath	14	17	31
Taber Vauxhall	5	8	13
Vulcan	4	5	9
Grand Total	**61**	**135**	**196**

Count	Column Labels		
Detachment / Sex	12 Years and Under	Over 12 Years	Grand Total
Cardston	**4**	**19**	**23**
Female	4	8	12
Male		11	11
Claresholm	**4**	**11**	**15**
Female	3	9	12
Male	1	2	3
Coaldale	**4**	**10**	**14**
Female	1	4	5
Male	3	6	9
Crowsnest Pass	**6**	**10**	**16**
Female	2	6	8
Male	4	4	8
Fort MacLeod	**4**	**12**	**16**
Female	3	9	12
Male	1	3	4
Milk River	**1**	**5**	**6**
Female		2	2
Male	1	3	4
Nanton	**3**	**8**	**11**
Female	2	5	7
Male	1	3	4
Picture Butte	**4**	**7**	**11**
Female	2	5	7
Male	2	2	4
Piikani Nation	**8**	**23**	**31**
Female	2	18	20
Male	6	5	11
Raymond Magrath	**14**	**17**	**31**
Female	10	6	16
Male	4	11	15
Taber Vauxhall	**5**	**8**	**13**
Female	4	3	7
Male	1	5	6
Vulcan	**4**	**5**	**9**
Female	1	3	4
Male	3	2	5
Grand Total	**61**	**135**	**196**

Clearance by Count

Clearance by Count	Count
Charges recommended but all declined by Crown	1
Cleared by charge/charge recommended	94
Clr other: CSC identified - vic/comp request no further action	15
Clr other: CSC involved in other incidents	2
Clr other: CSC under 12 years of age	9
Clr other: Departmental discretion	16
Clr other: Diversionary program	1
Clr other: Reason beyond control of department (policy)	2
Complete - solved (non-criminal)	4
Hist - Complete - unsolved	16
Hist - Not cleared (continuing)	3
Insufficient evidence to proceed	3
Unfounded	11
Unsubstantiated	18
Victim/complainant declines to proceed (no CSC identified)	1
Grand Total	**196**

71% of the occurrences were either cleared by charge or other.

Type of Offence

Offence	Count
Abduction of a person under 14 281 CC (FIP)	1
Assault 266 CC (FIP)	82
Assault With Weapon or Causing Bodily Harm 267 CC (FIP)	25
Child Pornography - Possession 163.1(4) CC (FIP)	1
Child Pornography - Print/publish/makes 163.1(2) CC (FIP)	1
Child Pornography - Transmits, makes available, distributes or sells 163.1(3) CC (FIP)	1
Child Welfare Act - Other Activities	3
Corrupting morals 163 CC (FIP)	1
Family Relations Act - Other Activities	1
Invitation to sexual touching 152 CC (FIP)	3
Luring a child 172.1(2) CC (FIP)	2
Sexual Assault 271 CC (FIP)	32
Sexual assault with other weapon/cause bodily harm/threats to a third party/with accomplice 272(2)(b) CC (FIP)	1
Sexual exploitation of young person 153(1) CC (FIP)	1
Sexual Interference 151 CC (FIP)	23
Uttering threats against a person 264.1(1)(a) CC (FIP)	18
Grand Total	**196**

Assault or Assault with Weapon was the type of offence in over half (55%) of the occurrences.

Appendix II – Full literature review

Methods

A literature review was conducted to investigate Child Advocacy Centres (CACs) with a specific focus on highlighting key elements of CACs and evidence supporting or refuting their effectiveness. A systematic approach was taken to constructing the literature search strategy to ensure the process was as transparent and reproducible as possible. The intent of the literature review, however, was not to be an exhaustive review of evidence but to be a more precise examination directly related to the topic of interest.

The search utilized Summon 2.0, which is a discovery engine (similar to Google) that searches over 300 million records for various subjects from multiple publishers, including ProQuest, Gale, Springer, Taylor & Francis, SAGE, Nature Publishing Group, Oxford University Press, Cambridge University Press, Proceedings of the National Academy of Sciences, Maney, Walter de Gruyter, Thieme, ACM (Association for Computing Machinery), the American Medical Association, Sociological Abstracts, CrossRef, and a host of open access, Government and NGO databases (Seaman & Pawlek, 2009). Initial results were filtered to focus primarily on sources published in the last 10 years (2008 onward). Search results were reviewed by both title and abstract to determine their relevance. Each search was considered complete when two consecutive search result "pages" did not yield new or relevant material. The reference lists of reviewed literature were also examined for additional relevant sources of information.

Searches were conducted iteratively, with each search informing the keywords utilized in subsequent searches. These included combinations of the following terms: "Child Advocacy Cent*" OR "Child and youth advocacy cent*", "Comparison", "Longitudinal", "Medical", "Mental AND Health", "Model", "Standard", "Literature Review" OR "Meta-Analysis" OR "Scoping Review" OR "Systematic Review".

Introduction

Originating in Alabama in the mid-1980s, the Children's Advocacy Centre (CAC) model is not new. CACs developed as a way of addressing problems arising from the lack of coordination between stakeholders involved in responding to child sexual abuse and other child maltreatment. The model has since grown internationally; Canada's first CAC (Zebra Child Protection Center) was founded in Edmonton in 2002 and today over 35 CACs exist in various stages of development across the country (Shaffer, Smith, & Ornstein, 2018).

A CAC is a "child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals work together to investigate abuse, help children heal from abuse, and hold offenders accountable (National Children's Alliance, 2018). CACs coordinate social services and the criminal justice system by bringing together a multi-disciplinary team of professionals in a single, child-friendly location (Department of Justice [DOJ], 2018).

In the United States, The National Children's Alliance (NCA) is the national association and accrediting body for CACs. The NCA (2017a) identifies the following as standards of the CAC model:

- **Multi-disciplinary team** – CACs bring together law enforcement, prosecution, victim advocacy, child protection, and mental health professionals into one team
- **Cultural competency and diversity** – CACs functionally with the ability to serve, appreciate, understand, and interact with members of diverse groups
- **Forensic interviews** – CACs gather information in an unbiased, legally sound, developmentally and culturally sensitive way
- **Victim support and advocacy** – CACs ensure consistent and comprehensive support for children and their families
- **Medical evaluation** – CACs provide or refer children for medical examinations with providers carrying specialized training
- **Mental health** – CACs provide tailored, trauma-informed mental health supports to children and their caregivers to reduce suffering and negative ongoing or long-term impacts
- **Case review** – A formal processes to allow the multi-disciplinary team to share information and monitor their collective effectiveness
- **Case tracki**ng – CACs utilize a system to monitor the progress of cases and case outcomes
- **Organization capacity** – CACs have a designated legal entity responsible for its operations (e.g., a designated agency, affiliation with another organization, or as part of a government agency)
- **Child-focused setting** – CACs are comfortable, private, and both physically and psychologically safe for childrenDespite there being an established set of standards, Jackson's (2004) national review of CACs in the United States found sufficient variations in the implementation of CACs. A more recent review arrived at similar conclusions, resulting in Herbert et al. (2018) to theorize that CAC's fall into one of three categories:
- **Basic CACs**, which include the core services of interviewing, advocacy, and a framework for agency collaboration between law enforcement, prosecutors, and child protection.
- **Aggregator CACs**, which have many of the expected services, but have fewer partner agencies, services on-site, and CAC staff.
- **Centralized full-service CACs**, which include all services in one location.

In addition to these, a virtual CAC model has been described elsewhere (see DOJ, 2018) as an emergent approach in Canada's Yukon and a means of reconciling the need for CAC services and the challenge of having a dispersed and decentralized population. The virtual CAC ("Project Lynx") employs one dedicated coordinator who facilitates bi-weekly case review meetings with a multidisciplinary team and provides case tracking, updates, and information (DOJ, 2018). While Project Lynx lacks a centre or single dedicated child-friendly space, they have worked to enhance spaces in RCMP detachments to be more child-friendly (DOJ, 2018). One of the key innovations in the virtual CAC model is the increased use of technology, such as video conferences, to meet with and/or provide training to multidisciplinary team members in remote and rural communities (DOJ, 2018). In addition, Project Lynx has incorporated the Council of Yukon First Nations into the multidisciplinary team, in part as a response to the large proportion (67%) of clients who are Indigenous (DOJ, 2018). Having a diverse multidisciplinary team that reflects the community's composition is one practical approach for helping meet the NCA's standard of cultural competency and diversity (NCA, 2017b).

The effectiveness of Children's Advocacy Centres

CACs use multi-disciplinary teams to coordinate the investigative response and reduce the system trauma experienced by children and their caregivers. Relative to comparison communities, those with CACs have increased coordination on investigations and child forensic interviewing and are more likely to have those interviews conducted in child-friendly settings rather than more undesirable locations (e.g., police stations)(Cross, Jones, Walk, Simone, & Kolko, 2007). A review of published literature identified promising evidence supporting CAC's multidisciplinary approach, noting how this helps reduce the stress and trauma experienced by child victims and their caregivers (Elmquist et al., 2015). Other studies have included measures of the level of satisfaction with CACs as a means of understanding how streamlined the investigative process is and the resulting burden on the family, the assumption being that high levels of satisfaction are indicative of effective processes. Jones, Cross, Walsh and Simone (2007) found that satisfaction amongst caregivers was higher with CACs than standard services and other studies have similarly found high levels of satisfaction, albeit without comparison groups (e.g., Bonach, Mabry, & Potts-Henry, 2010; Carman, 2004).
Compared to other communities, those with CACs have been shown to offer better access to law enforcement (41% vs. 15%)(Cross et al., 2007), mental health services (72% vs. 31%), and medical examinations (37-49% vs. 13-35%)(Cross et al., 2008). A 4-month longitudinal study similarly reported higher use of law enforcement, mental health referrals, and medical examinations among CAC cases compared to Child Protective Services (Smith, Witte, & Fricker-Elhai, 2006). Others have also found that CAC cases are more likely to include medical examinations than non-CAC cases (Edinbourgh, Saewyc, & Levitt, 2008; Walsh, Cross, Jones, Simone, & Kolko, 2007), which increases the likelihood of timely medical care for the child and provides important information to support legal decision making.

Many CACs strive to obtain better criminal justice outcomes. Numerous studies investigate criminal justice outcomes and regardless of the outcome of interest (e.g., case substantiation, filing of charges against offenders, guilty pleas by offenders, conviction, longer incarceration) they generally point to better results in cases involving CACs (Joa & Edelson, 2004; Miller & Rubin, 2009; Smith et al., 2006; Wolfteich & Loggins, 2007). Communities that have CACs also have more cost-effective investigations (Shadoin et al., 2006), better-coordinated investigations (Cross et al., 2008), and faster resolution times for cases, which may be indicative of the quality of the case, evidence, and testimony developed through the CAC processes (Walsh, Lippert, Cross, Maurice, & Davison 2008). It should be noted, however, that in many studies only a small number of cases got to the prosecution stage and so these findings should be interpreted accordingly (Herbert & Bromfield, 2015).

Limitations

Compared to the long history of the CAC model there is a rather short availability of published research on the subject. Many of the examined studies focus on the effectiveness of the model on process outcomes; there is a paucity of research on the short- and long-term effects of CACs on the children who access them. There is also little-to-no published research on the experiences of subpopulations who may shoulder a disproportionate burden of child sexual abuse or child maltreatment cases, such as Indigenous children (Collin-Vezina, Dion, & Tocme, 2009). There is an acknowledged need to expand the body of evidence on CACs, particularly through studies that use longitudinal designs and larger sample sizes (Elmquist et al., 2015) and studies that incorporate more sophisticated and well-articulated comparison

methods (Herbert & Bromfield, 2015). There is also a need to better understand the nature of interventions delivered within CACs (Tavkar & Hansen, 2011) and multiple reviews (Elmquist et al., 2015; Herbert & Bromfield, 2015) have advocated for incorporating research and evaluation into CACs so that we might better understand their impacts on child and family outcomes.

In a national survey of Canadian CACs, the DOJ (July 2015) found that almost three-quarters of those surveyed do not conduct independent research, and over half do not participate in research conducted by other organizations. The reality is that much of the published literature on CACs has focused on American contexts, which is not helped by the fact that many CACs in Canada are in early stages (DOJ, July 2015). Further to this, Herbert et al., 2018 found that the majority of research on CACs "primarily reflects large-scale flagship CACs" (p.593), which may misrepresent the experiences and outcomes of adapted, community-centric models. To this end, conclusions extrapolated from published peer-reviewed literature should consider the contexts from which they are being drawn.

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Appendix III- Full program scan

Child Advocacy Centres in Canada

Common Components
Multi-disciplinary teams (MDTs) are a core component of child advocacy centres. A child advocacy coordinator or victim advocate is a key member in all but two of the Canadian CACs. Law enforcement, child protection workers, and victim services are also on the majority of the MDTs. Crown prosecutors, medical professionals, and counsellors/psychologists are additional members that serve on some of the MDTs. Due to the multi-disciplinary nature of the CACs, all of them have information sharing processes/policies amongst the partners (e.g. signed consent).

	Big City Programs (over 400,000)	**Rural Programs (under 215,000)**
MDTs	Most programs consist of: • a victim advocate • law enforcement • victim services • child protection workers • medical professionals • counsellors/psychologists.	Most programs consist of: • a victim advocate • law enforcement • victim services • child protection workers • medical professionals
Common Processes	Most programs offer: • advocacy • forensic interviewing • child friendly meeting places • social worker support • law enforcement support • forensic medical examinations • Most of the programs also provide a therapy dog	Most programs offer: • Advocacy • forensic interviewing • child friendly meetings places • law enforcement support.
Role of Victim Advocate	Most programs provide: • support for the child/youth and family during forensic interviews • ongoing support/follow-up • provision of information • system navigation support	Most programs provide: • Support for the child/youth and family during forensic interviews (although this is less common that in large city-based models) • ongoing support/follow-up • provision of information • system navigation support

Forensic Interviews	Typically conducted by law enforcement and videotaped	Typically conducted by law enforcement or a child protection worker and videotaped

Innovations/Unique Features

There were several unique features to the Canadian CACs. This included:

- Alisa's Wish CYAC - A team consisting of one part-time child and youth counsellor and one part-time child advocacy coordinator who call to arrange all the service providers in the community on behalf of the family. The annual operating budget of the CAC is $165,000.
- Project Lynx, Safe Kids and Youth, Ottawa Child and Youth Advocacy Program – These programs are "Virtual" CACs, developed to serve multiple communities near one hub. Project Lynx is housed out of the Victim Services office, Ottawa Child and Youth Advocacy program is housed out of the Counselling and Family Services office, and Safe Kids and Youth has five MDTs scattered around the region. These programs will often meet the client where ever is required (ex. school)
- Caribou Child and Youth Centre – This CAC offers a girls' group on self-care, self-esteem, and healthy relationships.
- Kristen French CAC – This CAC offers the Pathways to Healing Workshop, a four-week-group for caregivers of children who have experienced sexual abuse, and a teens creative support group.
- Regina Children's Justice Centre and Boost CYAC – These CACs offer internet child exploitation services.
- Sophie's Place CAC – This CAC is housed with a Child Development Centre, so that families are not identifiable as victims.
- Zebra Child Protection Centre – This CAC offers the Back-Pack Home Program, allowing every child to go home with a bag filled with clothing and personal items.

Governance Model

Over half of the CACs are governed by their own board of directors or leadership team. Five of the CACs are governed by an outside partner agency, and four of the CACs also feature a steering committee made up of multiple partner agencies.

Indigenous Services

The most common way CACs include Indigenous content as part of their program is by partnering with an Indigenous organization (e.g. Aboriginal Services, Akwesasne Mohawk police, Council of Yukon First Nations, Native Child and Family Services, Treaty 7, and Mi'kmaq Family and Children's Services). Many of these organizations also have an Indigenous staff member as part of the MDT. Only the Victoria CYAC and Sophie's Place CAC indicate that they offer Indigenous programming, such as cultural teachings, visits with Elders, and smudging. The Victoria CYAC allows families to choose to weave in traditional Indigenous teachings into therapy or choose from Western methods.

Sexual Assault Centre Partner

There are several CACs that have partnered with a sexual assault centre in some capacity. This includes:

- Alberta-Central Alberta-CAC – Partnered with the Central Alberta Sexual Assault Support Centre
- Caribou Child and Youth Centre – Housed with and governed by the Providing Assistance, Counselling & Education (PACE) Sexual Assault Centre
- Waterloo Region CYAC – Leadership and operational involvement through the local sexual assault/domestic violence treatment centre
- Kristen French CAC Niagara – Partnered with the Niagara Sexual Assault Centre
- Victoria CYAC – Co-located with the Victoria Sexual Assault Clinic
- Windsor Essex CYAC – Partnered with the Sexual Assault Crisis Centre

Child Advocacy Centres in the USA

Common Components
All CACs in the United States have to meet The National Children's Alliance (NCA) accreditation standards. This means that across the United States, in both big cities and rural areas, CACs are designed in the same way. As well, the National Children's Advocacy Center in Alabama, serves as a model for both American and International programs. The NCA accreditation standards include:

MDTs	Programs must consist of a victim advocate, counsellor/psychologist, law enforcement, victim services, child protection or social workers, crown prosecutors, and medical professionals.
Common Processes	Programs must offer advocacy, forensic interviewing, child friendly meeting places, social worker support, law enforcement support, and forensic medical examination. Many programs also offer training and prevention services.
Role of Victim Advocate	Programs must provide support for the child/youth and family during forensic interviews; ongoing support, follow-up and provision of information, court preparation/support, and system navigation support.
Forensic Interviews	Must be conducted by a staff member with a specialized training (as recognized by the NCA) in conducting forensic interviews.
Governance Model	Every CAC must have a designated legal entity responsible for the governance of its operations (typically an executive team or board of directors)

Innovations/Unique Features
There were several unique features to the American CACs. This included:

- Western Kansas CAC – This CAC is fully mobile consisting of five mobile units, two mobile CACs, and two mobile therapy units. This allows them to serve a wider population.
- CAC of Herkimer County – This CAC is under the umbrella of the local YWCA, and also offers counselling to sexual assault adult survivors who were traumatized as children.
- KIDS Center – This CAC provides the Bridges to Healing Program designed specifically for children who are victims of interfamilial sexual abuse.

Indigenous Services
Little was found regarding American CACs offering Indigenous specific services. One CAC in Alaska, The Kodiak Child Advocacy Center, is under the umbrella of the Kodiak Area Native Association and uses the Sugpiaq Alutiq values within their programs.

International Child Advocacy Centres

To search for the International models, search terms such as "Child Advocacy Centre Europe," "Child Advocacy Centre Australia," and "International Child Advocacy Centre/Center" were used. Unlike the American and Canadian models, there were no websites listing all the CACs available in different countries. The George Jones CAC was found when searching for Child Advocacy Centres in Australia. The CARI was found when searching for CACs in specific European countries (e.g. Ireland). The National CAC in Alabama put out a report identifying countries they had provided trainings to. A search was done for CACs in these specific countries. Only the CACs in Thailand and Sweden provided a website for their CAC, with clear information. Nordic CACs are called Barnahus, and exist in Iceland, Sweden, Norway, Greenland, Denmark and Finland.

	George Jones CAC - Armadale, AUS (pop. 80,000)	Hug Project - Chiang Mai, THA (pop. 131,000)	CARI - Limerick, IRE (pop. 195,000)	Barnahus Linkoping – Linkoping, SWE (pop. 105,000)
MDTs	• Victim advocate • Counsellor/psychologist • Law enforcement • Child protection • Medical professional	• Victim advocate • Counsellor/ psychologist • Law enforcement (local and international)	• Volunteer victim advocate • Counsellor / psychologist	• Victim advocate • Counsellor/psychologist • Law enforcement • Social worker • Crown prosecutor • Medical professionals • Forensic office • Women's clinic
Common Processes	• Advocacy • Forensic interviewing • Child friendly meeting place • Social worker support • Law enforcement support • Forensic medical examination	• Advocacy • Forensic interviewing • Child friendly meeting place • Law enforcement support • Prevention services	• Advocacy • Training services	• Advocacy • Forensic interviewing • Child friendly meeting place • Social worker support • Law enforcement support • Forensic medical examination
Role of Victim Advocate	• Support for the child/youth and family during forensic interview • Ongoing support, follow-up and provision of information • Court preparation and support • System navigation support	• Support for the child/youth and family during forensic interview • Ongoing support, follow-up and provision of information • Court preparation and support • System	• Support for the child/youth and family during forensic interview • Ongoing support, follow-up and provision of information • Court	• Support for the child/youth and family during forensic interview • Ongoing support, follow-up and provision of information • Court preparation and support • System navigation support

		navigation support	preparation and support • System navigation support	
Forensic Interviews	Conducted by a police officer of child protection worker and videotaped	Conducted by an interviewer and listened to by police through a microphone	Not part of the program, but the volunteer advocate will accompany the child/youth and family to the forensic interview	Other professionals can watch the investigation through a television screen and ask questions through the police

Innovations/Unique Features
The international CACs had several unique features. This included:
George Jones CAC – Children and young people were involved in the design of the exterior and interior of the CAC.
Hug Project – This CAC is located in a cozy house with a big yard, and also serves as an afterschool program for kids. The CAC provides extracurricular programs in the hope of establishing deep relationships with local children and their families.
CARI – This CAC is volunteer-based. The trained volunteers then provide accompaniment and support through the forensic interview and court process.
Barnahus Linkoping – This CAC is HBTQ-certified, meaning they use an inclusive and non-heteronormative approach.

Governance Model
One of the CACs was operated by its own Board of Directors. The other CACs were under the umbrella of partner organizations.

Indigenous Services
The George Jones CAC will connect individuals to Aboriginal Counselling Services.

Appendix IV: Survey

Thank you for taking the time to provide your thoughts and inputs into the proposed Child Advocacy Centre (CAC) model development for Southwest Alberta. Your input is highly valuable to this process.

A Child Advocacy Centre (CAC) is a seamless, coordinated, collaborative and culturally competent approach to the investigation, treatment, management and prosecution of child and youth abuse (Department of Justice Backgrounder, 2013, Horner, 2008).

The goal of the CAC is to reduce the number of interviews and questions a victim is required to participate in during the investigation and/or court preparation process, in order to minimize any system-induced trauma, and to strengthen the justice response for victims and families (Peel Region Assessment and Future Directions, 2013).

The CAC model coordinates and assists in integrating the services of a multidisciplinary team (MDT) of professionals to respond to cases involving child and youth victims. Members of the team work together to conduct interviews and make joint decisions about the investigation, treatment and management of cases. Victim support and advocates ensure that children and youth and their families have access to and receive appropriate social, medical and mental health services and supports (Peel region report). Foundational members of a CAC team usually include:

- ✓ · Law enforcement
- ✓ · Child protection services
- ✓ · Crown prosecution
- ✓ · Medical assessment
- ✓ · Victim support and advocacy services
- ✓ · Psycho-social assessment and mental health service

Your input is essential to the appropriate and relevant CAC model in Southwest Alberta. The responses you provide us will be viewed by the Southern Alberta CAC committee, the Chinook Sexual Assault Centre (CSAC) (as the contracted service working on the asset-based needs assessment) and the consultant the CSAC has hired to support the CAC model development.

This survey should take about 15-20 minutes to complete. You will be unable to save and resume your survey, so please complete it within one attempt.
The survey will close on March 6th at 5:00 PM.

Name
Organization
Title
Address
City/Town
Email Address
Phone Number

1. Please provide your contact information

2. What are your initial thoughts about a Child Advocacy * Centre model?

Why or why not?

3. Given the information in the introduction to this survey, do you feel there is a need for a Child Advocacy Centre in Southwest Alberta?

Yes
No
Unsure at this time

4. Can you provide an estimate of how many children or youth present at your agency with sexual assault, physical assault and/or severe neglected over the course of a one-month period, on average?

0
1-5
6-15
Unable to answer

5. Currently in your community, what is the common system response when a child or youth is identified as being a victim of assault or neglect? (for example, which agency is the first to respond, where does the initial assessment occur, which agencies are involved in the intervention, etc.)

6. What challenges or gaps exist for families and children/youth victims when accessing services in your community?

If yes, please provide more details about this service.

7. Do you provide any type of services for children and youth victims and their families that experience sexual assault, physical assault or severe neglect? (If your answer is no, please skip to question #11).

Yes
No

8. If you answered yes to the question #7, what type of training do the staff and/or volunteers receive?

If yes, please provide the agency/ies and explain the partnership.

9. Do you work with other systems partners or agencies in providing this service?

Yes
No

10. What are the challenges and strengths of working in this partnership?

If yes, please provide details of this service.

11. Are there any services in your community that provide services to offenders of child and youth abuse and neglect?

Yes
No

12. What are some essential components to a CAC model that you feel must be included? (for example: cultural competency, mobile or co-located, a particular service, etc.)

13. What partners must be included in the CAC model development * and implementation?

14. What are the possible challenges in implementing a CAC in Southwest Alberta?

15. What needs to be in place so the community identifies the CAC as effective and safe?

16. How would we know if the CAC is providing the best supports and services for child and youth victims and their families?

17. Do you see your agency playing a role in the CAC model development or implementation? How?

18. If you would like to provide anymore input or thoughts, please do so below.

Thank you for your time and effort filling out this survey. It is truly appreciated.
A formal submission of our findings and proposed model will be provided to the Southern Region CAC Committee by the end of March,
2019. Following this submission, a briefing of our findings will be forwarded to all survey participants.
If you have any questions or would like to speak to someone about the CAC, please contact:
Kristine Cassie, CEO
Chinook Sexual Assault Centre
1-844-576-2512
ceo@csacleth.ca

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