Challenges of Investigating CSA

- No test to identify offenders
- No symptom presentation which specifically proves CSA
- Rarely any eyewitnesses
- Shame and fear commonly seen in those affected – making them less likely to disclose or fully report
- Social stigma/repression of open dialogue
- It is a legal, civil society, medical, and mental health issue
  - Diffusion of responsibility vs. Collaborative opportunity
- We never get accurate reports:
  Referral → Investigation – OUR JOB! → Truth
ADVERSE EXPERIENCES IN CHILDHOOD (ACE STUDY)

Why is this work so important?
Adverse Childhood Experiences Study

• 14-year-old study involves 17,337 adults who became members of Kaiser Permanente, a health care maintenance organization in San Diego, between 1995 and 1997.

• After visiting a primary care facility, they voluntarily filled out a standard medical questionnaire that included questions about their childhood.

• The questionnaire asked them about 10 types of child trauma:
  – Three types of abuse (sexual, physical and emotional).
  – Two types of neglect (physical and emotional).
  – Five types of family dysfunction (having a mother who was treated violently, a household member who’s an alcoholic or drug user, who’s been imprisoned, or diagnosed with mental illness, or parents who are separated or divorced).
Adverse Childhood Experiences Study

• More than 50 research papers published since 1998
• **Adverse childhood experiences are common** – 64% of the study participants had experienced one or more categories of adverse childhood experiences.
• **Strong link between adverse childhood experiences and adult onset of chronic illness** - those with ACE scores of 4 or more had significantly higher rates of heart disease and diabetes than those with ACE scores of zero.
  – chronic pulmonary lung disease increased 390%
  – hepatitis increased 240%
  – depression increased 460%
  – suicide increased 1,220%
Adverse Childhood Experiences Study

- **Multiple ACEs connected to early death** - people with six or more ACEs died nearly 20 years earlier on average than those without ACEs
  - 60.6 years vs. 79.1 years
- **Child maltreatment has long-term impacts** - those who had experienced child maltreatment were more likely to engage in risky health-related behaviors during childhood and adolescence:
  - early initiation of smoking
  - sexual activity
  - illicit drug use
  - adolescent pregnancies
  - suicide attempts
Economic Impact

Can child abuse and neglect affect our long-term economic stability?

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

• The purpose of this study was to determine whether child abuse and neglect affects long-term economic productivity of those directly affected.
  – Part of the only long-term prospective cohort research study with a matched comparison group
  – Prior published research has focused on mental health and behavioral outcomes.

• The data were collected from 1967-2005 in one Midwestern metropolitan county.
  – All child abuse and neglect cases included involved children under the age of 11 and were substantiated in court proceedings.
Economic Impact

• Individuals with a history of child maltreatment:
  – were significantly less likely to own a bank account, stock, a vehicle, or a home;
  – earned almost $8,000 less per year than non-abused subjects.

• Women abused in childhood appear to have greater long-term economic impacts than men who were abused in childhood

National Healthcare

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

- Participants - 3,333 women who received insurance from the Group Health Cooperative for at least 12 of the 41 calendar quarters in the study’s time frame.

- 34% reported a history of childhood abuse:
  - Physical Abuse only – 6.5%
  - Sexual Abuse only – 20.1%
  - Physical and Sexual Abuse – 7.2%
Cost of healthcare for abuse survivors

- **Total annual health care costs were higher** for all groups of women who experienced some form of child abuse:
  - Both physical and sexual abuse – 36%
  - Sexual abuse only – 16%
  - Physical abuse only – 22%

The estimated average lifetime cost per victim of nonfatal child maltreatment is $210,012 in 2010 USD:

- $32,648 in childhood health care costs
- $10,530 in adult medical costs
- $144,360 in productivity losses
- $7,728 in child welfare costs
- $6,747 in criminal justice costs
- $7,999 in special education costs.
Economic Burden of Child Maltreatment

- The estimated average lifetime cost per death is $1,272,900:
  - $14,100 in medical costs
  - $1,258,800 in productivity losses
- Total lifetime economic burden from both in 2008:
  - Approximately $124 billion – possibly as large as $585 billion

Child sexual abuse is a serious issue which must be addressed.

The “system” intended to protect children should “help” children, not further traumatize or cause lack of trust.

- At its core, the CAC model is a victims’ rights movement.

The protection of children must involve all agencies involved in the investigation and intervention, and these agencies must work together.

- This collaboration will include both government and NGOs.
- 17 CACs in VA
- Served 3,502 children during 2012
- More than 800 CACs in the US
- CACs also operating in more than 14 countries throughout the world
VA CAC Data from 2012 NCA Statistics

• Types of abuse reported:
  – Sexual Abuse – 2,567
  – Physical Abuse - 792
  – Neglect - 398
  – Witness to Violence - 239
  – Drug Endangerment - 57
  – Other - 83
Competing agendas: What’s the goal?

- Forensic Interviewer – what can I get in a legally defensible manner while caring for the child?
- Law Enforcement – has a crime been committed?
- Department of Children’s Services – is the child safe?
- Prosecutor – can I make a case?
- Medical personnel – does child need medical care?
- CAC – what can we do to help this child/family?
- Victim Advocate – what can we do to support those involved?
- Mental Health – how can we move to healing?

- The MDT - What “control” is turned over to the needs of MDT
  – Dan Montgomery
What We Bring to the Team

Imagine that each of us brings a bag containing:

- Our life experience
- Our value system
- Our idea of what should be accomplished
- Our individual culture
- Our agency culture
- Our rules for behavior and expectations of others.
What is the positive impact of the CAC/MDT model?

Does using the CAC really help?
Coordinated Response

- CAC communities demonstrated:
  - significantly higher rates of coordinated investigations between law enforcement and CPS
  - Team forensic interviews
  - Case Review
  - Recording of forensic interview
  - Interviews in child-friendly settings

Client Satisfaction

• Caregivers whose children were seen at the CAC:
  – Higher rates of satisfaction than caregivers whose children were seen at the comparison sites
  – Significantly more satisfied with the interview experience than caregivers from the comparison samples

• Children who were seen at the CAC:
  ➢ Significantly more described themselves as being “not at all” or “not very” scared versus kids from the comparison communities

Access to Medical Care

• Children served at CAC were much more likely to receive forensic medical exam:
  – No penetration in abuse disclosure - 4 times more likely
  – Penetration in abuse disclosure - 1.5 times more likely

Case Processing Time

• Charging decision in child sexual abuse cases:
  – Cases seen at the CAC had a significantly faster charging decision:
    • CAC – 80% within 1-60 days
    • Comparison A – 49% within 1-60 days
    • Comparison B – 58% within 1-60 days

Impact on Prosecution Rates

- Significant use of the CAC approach for all cases:
  - **Dramatic increase in number of felony prosecutions** of child sexual abuse
    - District 1 – 196% increase
    - District 2 - 1% decrease
  - Despite increased prosecutions, the **conviction rate did not change** significantly between the districts over this time period.

Cost-Benefit Analysis

• Traditional investigations were 36% more expensive than CAC investigations. The average per-case cost:
  – CAC investigation - $2,902
  – Non-CAC investigation - $3,949

What does the MDT really think?

• Purpose - to assess aspects of the MDT affiliated with a CAC from the perspective of various professionals on the MDT and considering the developmental status of the CAC.

• 217 MDT members in Virginia – representing 16 CACs
  – These individuals had been members of the MDT an average of 3.9 years
  – These participants were grouped into three categories:
    • Investigators (law enforcement, child protective services, prosecutors) – 65.3%
    • CAC Staff – 6.5%
    • Other Service Providers – 28.2%
What does the MDT really think?

• Survey content:
  – Demographic information
  – MDT perception of how well the case review was functioning
  – MDT knowledge of the MDT philosophy and procedures

• CAC staff had higher attendance at MDT meetings than any other discipline
  – Also felt the MDT does not meet frequently enough

• Investigators reported case review meetings:
  – last too long;
  – they are more likely to receive information about a case through observing the child interview.
What does the MDT really think?

- Service providers reported case review meetings:
  - did not last too long;
  - that they were more likely to obtain information about a case through case review meetings
- Law enforcement was more likely than CPS workers to:
  - Perceive the MDT as possessing greater knowledge of philosophy and procedures;
  - Perceive case review is more highly attended and participatory.
- Frontline workers perceived service provision as the core function of a CAC
- Supervisors perceived the coordinating, nurturing, and training of the MDT as the core function of the CAC
Decline of Child Sexual Abuse

• Are we making progress?
  – 1 in 4 and 1 in 7
  – Where did we get these numbers?
  – Why do we believe these?

• What does the more recent research say?
  – Why should we believe it?
  – What is it based upon?
Decline of Child Sexual Abuse

- Four studies with qualifying criteria:
  - Data collected after 2000
  - Did not use adult self-report
  - Sufficiently defined CSA through the questions asked of participants
  - Included 1,000 or more individuals
  - Involved citizens of the USA

- These studies are not based on self-reports to official authorities
Decline of Child Sexual Abuse

• Approximately a 50% reduction of child sexual abuse over the past 20 years!


Decline of Child Sexual Abuse

• Approximately a 50% reduction of child sexual abuse over the past 20 years!


  – **7.7%** - Saunders, B.E., *Child sexual assault 1995-2005; Results from the NSA and NSA-R, at San Diego Conference on Child and Family Maltreatment, 2010; San Diego, CA.*
Talking Points

• We are making progress in the fight against child sexual abuse
• The investment is paying off
• Your work is making a difference – a HUGE DIFFERENCE
• Invest in a winner
  – Alternative:
    • The researchers are wrong
    • Your efforts have gone in vain
Talking Points

• Bottom Line:
  – If the best research is correct, your efforts will save today’s children (and our society) more than: $1,500,000,000,000 over their lifetime!
    Yes, 1.5 Trillion Dollars!
  – Repeats itself every 18 years
  – 1/15 of our nation’s national debt!
When you step here, you are really!

When you step here, you are **LOVED**.

When you step here, you are not afraid.

When you step here, you have **HOPE**.

When you step here, you have **FAITH**.
Chris Newlin, MS LPC
National Children’s Advocacy Center
(256)-327-3785
cnewlin@nationalcac.org

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