Children’s Advocacy Centers: A Natural (and Local) Partner for Youth-Serving Organizations

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

1. Participants will understand the role and impact of the Children’s Advocacy Center model.

2. Participants will identify opportunities for collaboration between CACs and YSOs to help prevent child maltreatment and increase public awareness.

3. Participants will review emerging research regarding the protection of youth in youth serving organizations.
The OLD Way
The Agency Centered Approach to Child Abuse Investigations

What do I need from this kid and family for my case/agency?
Original CAC/MDT Philosophy

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

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

Bud Cramer
The NEW Way
The Child/Family Centered Approach

A collaborative model with a defined mission and unique culture comprised of individuals from diverse agencies

Mission is the “BOSS”
All MDT members are stewards of the mission
Ten Children’s Advocacy Center Standards

What does a CAC look like?

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1. Child-Appropriate/Child-Friendly Facility

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

- All referrals to the CAC come from either law enforcement or child protective services.
2. Forensic Interviews

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

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

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

- Mission & Purpose of the MDT
- Participants (Government and NGOs)
- Communication among MDT members
- What types of cases will the MDT serve?
- How are cases accepted/referred?
- How are cases coordinated amongst agencies?
- Where and how will children be interviewed?
  - Who will conduct interviews?
  - Who will be present to observe?
  - How are these interviews documented?
5. Mental Health

- Standard: Specialized trauma-focused mental health services, designed to meet the unique needs of the children and non-offending family members, are routinely made available as part of the MDT response.
  - Evidence-based practice – Trauma-Focused Cognitive Behavioral Therapy
Mental Health Intervention

- Strong focus to differentiate Investigation from Treatment

- Transition from long-term, broadly focused treatment to Symptom-focused model
  - Evidence-based practice
  - Focused on trauma symptoms
  - Strong parent/caregiver involvement (65/35)
6. Victim Support/Advocacy

• Standard: Victim support and advocacy services are routinely made available to all CAC clients and their non-offending family members/caregivers as part of the MDT response.
  – Strong engagement with parents/caregivers
  – Primary Point of Contact for future needs
  – Follow-up with families – need a protocol
7. Case Review

- Standard: A formal process in which MDT discussion and information sharing regarding the investigation, case status, and services needed by the child and family is to occur on a routine basis.
  - Sharing of information
  - Proactive planning for investigation/intervention
  - When will MDT meet?
  - Identified MDT Facilitator
  - What types of cases included?
8. Case Tracking

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

- Standard: A designated legal entity responsible for program and fiscal operations with sound administrative practices.
  - Organizational Structure
  - Support for staff and MDT
  - Vicarious Trauma support
10. Cultural Competency & Diversity

• Standard: The CAC promotes policies, practices and procedures that are culturally competent.

➢ Cultural competency is defined as “the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community.”
NCAC Campus

SERVICES
• Forensic Interviews
• Medical Exams
• Evidence-Based Therapy
• Stop Child Abuse & Neglect (SCAN)
• Healthy Families
• Training

PARTNERS
• Huntsville Police Department
• Madison County Sheriff’s Office
• Madison Police Department
• Madison County District Attorney’s Office
• Madison County Dept. of Human Resources (CPS)
• Homeland Security Investigations
Annotated Bibliography of the Literature in Support of the NCA Standards for Accreditation

This valuable resource, commissioned by The National Children's Alliance and prepared by The National Children's Advocacy Center, explicates the foundations for the standards devised for accreditation by the National Children's Alliance of children's advocacy centers throughout the United States. The goal was to identify and explicate the existing research, scholarship, empirical data, formal theory, management practice, complementary professional standards, or other evidence that provides foundation for each of the standards.

This final compilation of 87 publications serves as a valuable resource for children's advocacy centers seeking to obtain accreditation or preparing for re-accreditation. This also provides a snapshot of the strengths and limits of research and scholarship in areas related to child abuse. Many of the publications included in this collection are key works that every practitioner should be familiar.
When you step here, you are Really!

When you start here you are LOVED.

When you step here you are NOT afraid.

When you step here you have HOPE.

Have FAITH.
Partnering with your CAC

- Do you have a CAC in your community?
Partnering with your CAC

• Develop relationship between senior leaders
• Ask for a tour (and offer a tour)
• Express support for CAC/MDT efforts to protect children
• Inquire about Child Abuse Prevention activities
• Offer training on your areas of expertise
• Request training about child abuse prevention and intervention services in community
• Potential reviewer for your protection policies

Children exposed to abuse in youth-serving organizations: Results from national sample surveys. *JAMA Pediatrics, 170*(2).
How much of a problem is this?

• Purpose – pretty clear

• Data comes from three consecutive National Surveys of Children’s Exposure to Violence (NatSCEV)

• Ages 1 month to 9 years old – parent/caregiver is respondent

• Ages 10 to 17 years old – child is self-reporter
How much of a problem is this?

• Only following items were included in analysis:
  – Physical abuse
  – Sexual abuse
  – Verbal aggression
  – Neglect

  Follow up questions asked to determine alleged offender

• YSO Worker – “grown-up you/your child know(s) from some organization, such as a teacher, coach, or youth group leader”
How much of a problem is this?

• 0.8% of children had exposure to any type of YSO maltreatment
  – Verbal abuse most common type
    • Addressing culture instead of screening more important?
  – Physical abuse next
  – Sexual abuse – only 0.038% of children (5 total)

• Children who had experienced any YSO maltreatment also had more adverse experiences than peers with no YSO maltreatment
Evidence-Based Prevention?

- Published in 2007
- 7 Research Citations in 55 page document
  - None directly about YSO’s
- Over past 9 years, have we learned more about preventing abuse in YSO’s?
Focuses on prevention articles

Must have been published in peer-reviewed professional journals

Coming Bibliographies:
• YSO - Non-religious
• YSO – Religious-affiliated
• YSO - International

Screening Survey

• Purpose:
  – What is the current state of background screening of volunteers by human service organizations in the U.S.?
  – Are there differences in volunteer screening practices among these organizations based on the size of the organization, whether they have a paid volunteer coordinator, and what population they serve?

• Subjects: 517 non-profits participated in phone survey
Who screens?

• 88% of organizations say they screen volunteers
• Those with paid staff screen more
• More than 80% of organizations do some screening regardless of their volunteer base, client population, and level of contact with volunteers.
How thoroughly do they screen?

• Most conduct interviews (95%+)
  – Only 76% call references, 72% do background checks

• Organizations with larger volunteer base more likely to do all three of these

• Some organizations do not screen volunteers equally
  – Administrative vs. Direct Service volunteers

• 90%+ of organizations conduct criminal background checks, but other databases used less:
  – Sex offender registries, CPS, fingerprint, credit hx.
How thoroughly do they screen?

• Only about half that conduct background checks do so in more than one state/use national data

• Majority of organizations never re-screen volunteers

• Most common obstacle in completing background checks....... $$$$$$
How do organizations use screening information?

- 46% indicated screening identified inappropriate volunteers
- Majority of programs will disqualify for arrest, conviction, child abuse report, elder abuse report
- Most organizations will not disqualify volunteer based on poor credit history
Preventing Abuse

• Outstanding theoretical article based on existing research/publications
  – 122 references

• “Unfortunately, there is a dearth of reliable and valid instruments to assess potential for sexually abusing youth. Expensive and intrusive physiological measures like phallometry or polygraph testing are not options.”

Special Education Prevention

• Another theoretical article that focuses on children with special needs
  – Offers some good ideas
  – Only focuses on sexual abuse

• Still leaves.... What really works?
Screening

• Purpose – develop and validate a screening method for child service agencies to help identify men and women at higher risk to sexually abuse youth
  – Going beyond applications, background checks, reference checks, and interviews

• Subjects:
  – Non-sexual abusers (community volunteers)
  – Known sexual abusers who concealed/denied abuse
Screening

• Subjects:
  – Community volunteers had higher rates of college
  – Included both male and female samples

• Measures:
  – Abel Questionnaire for Men or Women which is part of the Abel Assessment of Sexual Interest
  – Items selected on past research
    • Hobby and interest items
    • Cognitive distortion questions
    • Identification with children questions
    • Adolescent experiences items
    • Number of relocations over past ten years
Screening

• Male Classification Model:
  – Items negatively correlated with being concealed abuser
    • Home maintenance activities
    • Deceitful children cognitive distortions
    • Collecting comics and trading cards
    • Having friends during adolescence who were mostly younger or older than self
    • More older friends during adolescence
  – Items positively correlated with being concealed abuser
    • Identification with children
    • Supervising children’s activities
    • Scientific/creative hobbies
Screening

• Female Classification Model:
  – Items negatively correlated with being concealed abuser
    • Supervising children’s activities
    • Identification with children
  – Items positively correlated with being concealed abuser
    • Having friends mostly older or younger than self in adolescence
    • More older friends during adolescence
Screening

• Main Points:
  – Not advocating a product
  – Need for testing this out in YSO’s
  – Do these findings challenge our thinking about what we should be asking about in interviews
  – Only focuses on sexual abuse
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