Multidisciplinary Response to Child Abuse

The NCAC models, promotes, and delivers excellence in child abuse response and prevention through service, education, and leadership.
Child Abuse in a Global Context
United Nation’s Convention on the Rights of the Child

• Article 3
  – In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

• Article 19
  – States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of maltreatment or exploitation while in the care of parents, legal guardians or other careers.
  – Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment.
• Article 34
  – States Parties undertake to **protect the child from all forms of sexual exploitation and sexual abuse**. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:
    • The inducement or coercion of a child to engage in any unlawful sexual activity;
    • The exploitative use of children in prostitution or other unlawful sexual practices;
    • The exploitative use of children in pornographic performances and materials.

• Article 39
  – States Parties shall take all appropriate measures to **promote physical and psychological recovery and social reintegration of a child victim** of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall **take place in an environment which fosters the health, self-respect and dignity of the child**.
Why is this work so important?

The NCAC models, promotes, and delivers excellence in child abuse response and prevention through service, education, and leadership.
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).
<table>
<thead>
<tr>
<th>ACE Category*</th>
<th>Women (N = 9,367)</th>
<th>Men (N = 7,970)</th>
<th>Total (N = 17,337)</th>
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<tr>
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<td>14.8</td>
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<td>Physical Neglect¹</td>
<td>9.2</td>
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<td>Mother Treated Violently</td>
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<tr>
<td>Number of Adverse Childhood Experiences (ACE Score)</td>
<td>Women</td>
<td>Men</td>
<td>Total</td>
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<td>8.6</td>
<td>9.5</td>
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<tr>
<td>4 or more</td>
<td>15.2</td>
<td>9.2</td>
<td>12.5</td>
</tr>
</tbody>
</table>
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
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%

Impact of Child Abuse on Medicaid $

• Children with abuse histories had significantly higher healthcare expenses – $2,635 per year.
  – Significantly higher healthcare costs for:
    • Psychiatric care
    • Inpatient hospital
    • Outpatient – physician and clinic
    • Prescription drugs
    • Targeted case management

• Estimated cost related to child maltreatment - $5.9 billion (9% of all Medicaid expenses)

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.

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

Challenges of Investigating CSA

• No test to identify offenders
• No symptom presentation which specifically proves CSA
• Rarely any proof that a crime was committed
• Rarely any eyewitnesses
• INTERNAL - Shame and fear commonly seen in those affected
• EXTERNAL - Social stigma/repression of open dialogue
What do I need from this kid and family for my case/agency?
Original CAC/MDT Philosophy

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

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

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

Bud Cramer
Although child sexual abuse is not a new problem, its magnitude as well as its complex character in relation to the criminal justice system has only recently come to the attention of prosecutors. It is a problem that requires a change in the way the criminal justice system responds and in the way it interacts with other systems.

Dealing with child sexual abuse cases has been frustrating for most prosecutors' offices because the traditional criminal justice system and other agencies that respond to child sexual abuse are not equipped for the child victim. However, if our society is ever going to convey the clear message that the sexual abuse of children is not an acceptable behavior, then we must redesign the systems responsible for helping and protecting child victims so that the children indeed do benefit and offenders are held accountable.
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.
Little House
History

• 1986 - Became Non-Governmental organization (NGO)
  – Bud Cramer - Chair

• 1992 – Became National Children’s Advocacy Center

• 2003 – Moved into NCAC Campus
  – Co-location with MDT (police, prosecutors, CPS)

• 2015 – NCAC Campus with 57 staff members
Ten Children’s Advocacy Center Standards
What does a CAC look like?

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

- Law Enforcement
- State and Federal
- Prosecutors
- Child Protective Services
3. Forensic Interviews

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

- **Standard**: Specialized medical evaluation and treatment services are available to all CAC clients and coordinated with the multidisciplinary team response to provide follow-up referrals and/or treatment as necessary.
Colposcope
Normal Photo
Colposcope
7.5 Magnification
Colposcope
15.0 Magnification
Medical Intervention

• Specialized medical provider essential
• Should be offered in every case
• Four Goals:
  1. Obtain evidence, if present
  2. Assure child’s well-being (child and caregiver)
  3. Provide follow-up as needed, related to child abuse
  4. Assess for other medical concerns present
• Extremely unlikely for physical evidence to be found in medical exam
  – Variability in human anatomy
  – Extremely vascular
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
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 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
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.”
CACs in the USA
International CACs in Operation

• Australia
• Belarus
• Brazil
• Canada
• Croatia
• Cuba
• Denmark
• Greenland
• Guyana
• Iceland
• Israel
• Greece
• Latvia
• Lithuania
• Malawi
• Mexico
• The Netherlands
• New Zealand
• Norway
• Philippines
• Poland
• Russia
• South Africa
• Sweden
• Turkey
• USA
Countries working to develop CACs

- Finland
- Georgia
- Guatemala
- Ecuador
- Hong Kong, China
- India
- Japan
- Malaysia
- Peru
- Portugal
- Rwanda
- Tanzania
- Taiwan
- Trinidad and Tobago
Is the CAC/MDT model a Best Practice?

Does using the CAC really help?

The NCAC models, promotes, and delivers excellence in child abuse response and prevention through service, education, and leadership.
Evaluating Children’s Advocacy Centers’ Response to Child Sexual Abuse

Theodore P. Cross, Lisa M. Jones, Wendy A. Walsh, Monique Simone, David J. Kolko, Joyce Szczepanski, Tonya Lippert, Karen Davison, Arthur Cryns, Polly Sosnowski, Amy Shadoin, and Suzanne Magnuson

Children’s Advocacy Centers (CACs) play an increasingly significant role in the response to child sexual abuse and other child maltreatment in the United States. First developed in the 1980s, CACs were designed to reduce the stress on child abuse victims and families created by traditional child abuse investigation and prosecution procedures and to improve the effectiveness of the response.

A Message From OJJDP

Child sexual abuse investigations can place enormous stress on victims and their families. Prior to the 1980s, child abuse investigators had no model for conducting interviews and coordinating investigations.

The first Children's Advocacy Center (CAC) was established in 1986 to create a sensitive environment for child abuse interviews, provide victims and their families with medical and child protection services, and coordinate abuse investigations. The model has gained popularity in the past 20 years. As of 2006, the National Children’s Alliance had certified more than 600 centers.

This Bulletin describes the findings of a study by researchers at the University of New Hampshire’s Crimes Against Children Research Center.
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.

NCAC Therapy Impacts (2012-Present)
Pre- vs. Post-Treatment Scores

- UCLA Post Traumatic Stress Disorder Index
- Child Behavior Checklist
  - Parent
- Child Behavior Checklist
  - Youth Self-Report

Pre-Treatment: 65.8, 62.5, 20.4
Post-Treatment: 54.7, 54.4, 11.2
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

When you step here, you are Real!

When you start here, you are LOVED.

When you step here, you are NOT afraid.

When you sit here, you have HOPE.

When you sit here, you have FAITH.
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