Role of CACs in an Effective CST Response
What is the National Structure for Child Advocacy Centers?
CAC Structure

Regional Children’s Advocacy Centers
- Training
- Technical Assistance
- Support

Chapter
- State Level Support
- Advocacy
- Networking
- Training

National Children’s Advocacy Center
- Training
- Child Abuse Library Online
- Best Practices
- Strategic Leadership

National Children’s Alliance
- Membership
- Advocacy
- Support
- Training

CAC MDT
The Whole Multi-disciplinary Thing!

- Different agencies
- Different cultures of the disciplines
- Different generational cultures within each discipline
- Inter-agency politics & Intra-agency politics
- Different (and ever changing) policies, procedures, timelines
- Different levels of expertise
- Limited control over who is assigned to the MDT
- Turnover within the MDT
Get the Bad Guy & Help the Child
Guntersville girls soccer coach accused of sex abuse, human trafficking

By WAFF 48 Digital Staff

HUNTSVILLE, AL (WAFF) - Guntersville High School girls soccer coach David Jacobs Barrow, 57, has been arrested on three counts of first degree sexual abuse and one count of first degree human trafficking.

Barrow was arrested in Huntsville at John Hunt Park on Friday after his team played in a state soccer tournament.

He was booked into the Metro Jail at 3:21 p.m.

At a news conference Friday afternoon, Huntsville Police said the investigation is far from over. Investigators also said the charges are not related to his position as a soccer coach.

Authorities said the trafficking charge came from allegations that Barrow was selling pictures of two 10-year-old girls.

Madison County Assistant District Attorney Tim Gann said his office is working with the Marshall County DA and Guntersville PD.

Police also arrested Kristian Danette Griffin in the case. She was arrested Thursday night after an interview at the National Children's Advocacy Center. Griffin was charged with conspiracy to commit sexual abuse of a child less than 12 years of age.
A former Guntersville youth soccer coach was sentenced to 30 years in prison on human trafficking charges. (WHNT News 19)
If It Is So Hard — Why Do It???
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

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

Questions Being Asked

- No question, the numbers of CST cases we see in CACs is small.

- Is it because:
  - There aren’t many cases?
  - They are not being reported and/or recognized?
  - We have not adapted our procedures to meet their needs?
Types of Child Cases Seen at CACs

• Familial Exploitation (Pimping)

• Child Pornography Production
  ➢ Obvious
  ➢ Surreptitious

• Domestic Minor Sex Trafficking/Child Sex Trafficking

• Labor Trafficking

Federal CSEC Prosecutions

• **Purpose** – identify the frequency and relative pattern changes in the federal prosecution of child pornography possession, child pornography production, and child sex trafficking between 2004 and 2013.

• **Data for this report came from three agencies:**
  - Executive Office for U.S. Attorneys National Legal Information Office Network System
  - Administrative Office of the U.S. Courts Criminal Master File
  - Administrative Office of the U.S. Courts’ Probation and Pretrial Services Automated Case Tracking System
Federal CSEC Prosecutions

• From 2004-2013, a total of 37,105 suspects referred to U.S. Attorneys’ for prosecution had a lead charge of CSEC
  ➢ Possession of Child Pornography – 72%
  ➢ Child Sex Trafficking – 18%
  ➢ Child Pornography Production – 10%

• Growth in cases between 2004-2013
  ➢ Production of Child Pornography – 195% (218 to 643)
  ➢ Child Sex Trafficking – 111% (488 to 1,031)
  ➢ Possession of Child Pornography – 28%
    • No growth since 2007
Federal CSEC Prosecutions

• 2013 Cases
  ➢ Child Pornography Possession – 2,140
  ➢ Child Pornography Production - 528
  ➢ Child Sex Trafficking - 586

What do we know?

• **Purpose** - to review some of the estimates of sex trafficking of minors and highlight their weaknesses

• **Subjects/Design** - Numerous studies which are widely cited in the literature were evaluated by the researchers at the University of New Hampshire’s Crimes Against Children Research Center.
Estes and Weiner (2001)

- Authors suggest about 326,000 children were “at risk for commercial sexual exploitation”
  - “at risk” does not equate to # of trafficked minors
  - Some of these “at risk” estimations are “crude guesses”
  - There is clearly duplication of individuals identified in the various subgroups, but the extent of this is unknown

- “In sum, no one should cite the 326,000 number from Estes and Weiner as a scientifically based estimate of the number of prostituted juveniles.”
National Juvenile Prostitution Survey (2010)

- Questionnaires completed by a representative national sample of 2,598 state, county, and local law enforcement agencies
- “In the calendar year 2005, did your agency detain or arrest any juveniles for crimes involving prostitution?”
- Estimated 1,450 arrests/detentions of juveniles for prostitution (95% confidence interval ranging from 1,287-1,614)
- This is a scientific estimate, but many youth involved in prostitution may not be arrested/identified, so this estimate is likely somewhat low.
Youth Involvement in the Sex Trade

• Interviewed 949 youth in six sites which were considered high-risk locales
  ➢ Youth involved other youth whom they knew to be involved

• Found that 10-13% of the youth engaged in prostitution had been arrested

• Combining this with the National Juvenile Prostitution Survey, they estimate that about 10,500 youth were engaged in prostitution nationwide in 2009.
“Average age of entry into prostitution for juveniles is 12-14”

• “There is no credible source in the research literature for this estimate”

• Polaris Project has disavowed this statistic, saying “this stat is not actually supported by any data”
“1 in 6 runaways are likely sex trafficking victims”

- This estimate came from 18,500 runaway cases reported to NCMEC in 2016
- However, not all runaway cases are reported to NCMEC, and an estimated 357,000 youth are considered runaways each year.
- NISMART data suggests that less than 1% of runaways were thought to have engaged in commercial sex
Domestic Minor Sex Trafficking Work at CACs - Why did we do this?

• No valid data about incidence of problem
• Desire to understand what is being done at CACs
• How much of an issue is this at CACs?
• What is being done to respond?
• Are MDTs adequately trained?
• Are professionals adequately trained?
• What types of training are needed?
Survey Overview

• Survey invitation sent to 826 CACs in the United States (three times!!)
  ➢ Early 2015

• 170 respondents from 37 states
  ➢ 20.6% response rate
  ➢ Good geographic representation
  ➢ Largest reporting state – TEXAS (18)
How many counties does your CAC serve?

(48% serve one county)
What is the total, combined estimated population of the counties your CAC serves?
What is the total number of forensic interviews (of all types) conducted in 2014 at your CAC?
How many cases of DMST/CSEC did your CAC/MDT investigate in 2014?

- 75.9% of CACs saw 5 or less cases
How many children were involved in the cases of DMST/CSEC your MDT investigated in 2014?
What have CACs done to be prepared for CST cases?

• Child-friendly? What does this mean for this population?

• Traditional MDT vs. CST MDT?

• Training and awareness?
If there is a case of DMST/CSEC at your CAC who conducts the Forensic Interview?

- CAC Forensic Interview Specialist: 137
- Federal Law Enforcement Agency involved in case: 60
- Local Law Enforcement: 42
- Child Protective Services Investigator: 27
- Other (please specify who that is): 16
Do your forensic interviewers have specialized training in interviewing children/adolescents who have been victims of DMST/CSEC?
Pre-Interview Planning

• Necessary & critical part of the Forensic Interview

• Involves three (3) types of information
  ➢ Information about child
  ➢ Information about alleged offense(s)
  ➢ Information important to investigation

• More complex child & case → more need for associated information and planning

• DISCLOSED vs. DISCOVERED
Forthcoming or Reluctant?

**Active Disclosure**
- Child made an outcry
- Older than a preschooler
- Adequate cognitive/linguistic abilities
- Supportive caregiver
- Less close relationship to accused

**Tentative / Denial**
- No outcry
- Outcry rejected/criticized
- Lack of maternal support
- Close relationship to accused
  - Family member
  - Power or influence over child or family, especially DMST
Forensic Interviewing Modifications

• Rapport Building with street cred

• Barrier Assessment
  ➢ Worries, concerns you have about talking with me?
  ➢ Others worried about your talking with me?

• What is trauma for this population?
  ➢ Younger childhood vs. the life

• Extended Forensic Interview
Forensic Interviewing Modifications

• Differential evidence collection
  ➢ Criminal enterprise overview
  ➢ Recruitment
  ➢ Relationship with pimp
  ➢ Who taught victim the “rules”? 
  ➢ Interstate nexus
  ➢ Methods of control
  ➢ Knowledge of others working for pimp
  ➢ Pictures of sex acts taken
Introduction of Evidence

• DISCOVERED cases

• Types:
  ➢ Texts, Emails, Chat logs, Pictorial documentation

• Should be wisely planned and timed

• Protection vs. Trauma to victim?

• Introduction of Evidence Position Paper
Do your medical providers have specialized training in conducting exams with children/adolescents who have been victims of DMST/CSEC?
CSEC MD – What might you see?

• Purpose - identify characteristics of CSEC patients vs. CSA victims not related to CSEC when seeking medical care at a large metropolitan hospital

• Subjects:
  ➢ All cases of “suspected CSEC” from 2011-2013 (patients ages 12-18)
  ➢ Control group from same hospital records (patients ages 12-18) with a diagnosis of child sexual abuse between 2010-2013
CSEC MD – What might you see?

- Subjects:
  - CSEC victims – 27
  - CSA victims – 54

- Average Age:
  - CSEC victims – 15.7 years
  - CSA victims – 15.2 years

- Race/Ethnicity:
  - CSEC victims – African-American (56%), White (30%), Non-Hispanic (89%)
  - CSA victims – African-American (53%), White (32%), Non-Hispanic (84%)
CSEC MD – What might you see?

• Significantly more common in the CSEC group:
  ➢ How long the patient had been sexually active
  ➢ Frequency of condom use
  ➢ Prior history of STI
  ➢ Use of contraception other than condoms
  ➢ History of violence by parents/caregivers
  ➢ History of violence with sexual activity
  ➢ Drug/Alcohol use
  ➢ History of running away from home
  ➢ History of Child Protective Services involvement
  ➢ History of Law Enforcement involvement

• 46% of the CSEC victims had seen a medical professional within the past two months
Do your mental health providers have specialized training in conducting exams with children/adolescents who have been victims of DMST/CSEC?
Has your MDT received training on how to serve children/adolescents who have been victims of DMST/CSEC?
WHAT IS THIS?

Prevention of Sexual Exploitation

**Purpose** – explore the concept of prevention of sexual exploitation through experiences of adult survivors.

**Subjects/Design:**
- 17 adult female survivors of sexual exploitation were interviewed as part of a larger study concerning childhood emotional maltreatment and the prevention of sexual exploitation.
  - 18 years or older and had experienced sexual exploitation before age 18
  - Had been out of an exploitive relationship for at least one year.
  - Ethnicity:
    - African-American – 9
    - Caucasian – 6
    - Hispanic – 1
    - Mixed – 1
Prevention of Sexual Exploitation

Subjects/Design:

- Asked 25 open-ended questions about childhood experiences with:
  - Caregivers
  - Extended family
  - Neighborhoods
  - Communities
  - Past interactions with helping professionals
    - Educators
    - Law enforcement
    - Mental health professionals
    - Medical professionals
Prevention of Sexual Exploitation

• Exploiter Relationship
  ➢ Biological family members – 6
  ➢ Extended family members – 6
  ➢ Boyfriends – 2
  ➢ Acquaintances – 2
  ➢ Adoptive parents - 1
Prevention of Sexual Exploitation
Six Themes for Prevention

• Difficulty trusting medical and mental health professionals
• Difficulty trusting law enforcement officials
• Protection of family members, especially mothers
• Self-destructive behaviors
• Sexual exploitation awareness in academic settings
• Sexual exploitation awareness for at-risk youth
Innovative Ideas

• Discovered, not disclosed™ vs. traditional
  ➢ CAC referral process – respond

• How to be more proactive?

• Who should be proactive?

• Target rich environments?
  ➢ Medical Facilities, CPS and LE data, Detention Facilities, Runaways, etc.
Vicarious Trauma, Secondary Traumatic Stress, and Resiliency
Protecting Ourselves and Colleagues
What do you think about Santa at the mall?
## Symptoms Connected to PTSD

<table>
<thead>
<tr>
<th>Re-Experiencing</th>
<th>Spontaneous memories of the specific event, recurrent related dreams, flashbacks or other intense or prolonged psychological distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance</td>
<td>Distressing memories, thoughts, feelings or external reminders of the traumatic event</td>
</tr>
<tr>
<td>Negative</td>
<td>Range from persistent and distorted sense of blame towards self or others to estrangement from others OR significantly diminished interest in activities to inability to remember key aspects of the specific event</td>
</tr>
<tr>
<td>cognitions</td>
<td></td>
</tr>
<tr>
<td>or mood</td>
<td></td>
</tr>
<tr>
<td>Arousal</td>
<td>Appearance of aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance or similar behavior</td>
</tr>
</tbody>
</table>

The Terminology

**Vicarious Trauma:** The transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients’ trauma experiences and the sequelae.


**Secondary Traumatic Stress:** A traumatizing event experienced by one person becomes a traumatizing event for another person.

- Syndrome of symptoms nearly identical to PTSD.

(Figley, 1995)
Compassion Satisfaction

• **Compassion Satisfaction** refers to the positive feelings derived from competent performance as a trauma professional.

• **Characterized by** positive relationships with colleagues, and the conviction that one’s work makes a meaningful contribution to clients and society.

(Stamm, 2009)
Compassion Fatigue

• Compassion Fatigue:

“The profound emotional and physical exhaustion that helping professionals and caregivers can develop over the course of their career as helpers. It is the gradual erosion of all the things that keep us connected to others in our caregiver role: our empathy, our hope, and of course our compassion – not only for others but also for ourselves.” p.8

• Francoise Mathieu (2012)
• The Compassion Fatigue Workbook
Dynamic Process

Clients

Organizations

Professionals
Impact of STS on Professionals

- Cognitive Effects
- Thinking

- Emotional Impact
- Feelings

- Social Impact
- Relationships

- Physical Impact
- Bodies
Cognitive Effects - Thinking

- Negative bias
- All or nothing thinking
- Loss of perspective and critical thinking skills
- Threat focus: seeing supervisor, peers, clients as enemy
- Decreased self monitoring
- Intrusive thoughts
Social Impact - Relationships

• Reduction in collaboration
• Withdrawal and loss of social support
• Factionalism
• Conflicts: easily angered
• Isolation
• Difficulty trusting – worry about getting close
• Avoidance
Emotional Impact - Feelings

- Helplessness
- Hopelessness
- Feeling overwhelmed
- Depression
- Worry - realistic & unrealistic fears
- Anger/irritability
- Feeling numb
- Safety concerns
- Hypervigilance
Physical Impact - Our Bodies

- Headaches
- Tense muscles
- Fatigue/sleep difficulties
- Nightmares
- Stomach problems/nausea
- Feeling jittery
- Frequent illness
16 Warning Signs of Trauma Exposure Response

- Hyper vigilance
- A Sense that One Can Never Do Enough
- Feeling Helpless and Hopeless
- Diminished Creativity
- Inability to Listen/Deliberate Avoidance
- Minimizing
- Inability to Embrace Complexity
- Chronic Exhaustion/Physical Ailments
16 Warning Signs of Trauma Exposure Response

- Fear
- Guilt
- Sense of Persecution
- Dissociative Moments
- Inability to Empathize/Numbing
- Anger and Cynicism
- Grandiosity: An Inflated Sense of Importance Related to One’s Work
- Addictions
Three Levels of Trauma Stewardship

• Personal Dynamics
  • Trauma mastery

• Organizational Tendencies
  • Entire Caseloads of traumatized families
  • Workloads
  • Not enough support, training for the work
  • Often no training on Vicarious Trauma
  • Complexity of supervision in trauma field
  • Work environment directly affects child outcomes!
“To make a difference in the life of one child. To work with likeminded professionals. To change the world one case at a time.”

“I love doing the work that I do here because I can directly see the impact it is making in a child’s life. It is comforting to know that you are helping keep our community’s children safe.”

“Because information is power. Because I like to affect others positively.”

“Because I love the cause and I stay because I have a voice here.”

“I want to do something meaningful, not just something that earns a paycheck.”

“It is a calling I have had my entire adult life to work with children.”

“I work at a CAC because of the mission of helping children heal and to get justice.”
Three Levels of Trauma Stewardship

• Societal Forces
  • Is our work understood?
  • Is our work valued?
  • Do we feel oppressed?
  • Increases our isolation and sometimes we sustain this dynamic
http://calio.org/resources/vicarious-trauma-resources

Vicarious Trauma Resources

Working with children and families who have experienced abuse may affect professionals in profound ways – both positively and negatively. The way this work impacts individuals and organizations is complex and there are many terms and constructs which serve to give us a common language to describe our lived experiences. Once you have heard the stories of children and families coming through the doors of your agency, the world looks and feels like a different place than it did before you began this work.

In recent years, there has been an increased awareness and understanding that both individuals and organizations need information, training, and resources to mitigate the negative effects and leverage the positive effects of vicarious trauma and secondary traumatic stress. This issue affects both individuals and organizations, and both have responsibility to address this issue which can interfere with the delivery of optimal services.

This page provides information and resources to create responses that will allow organizations to create environments to support staff and multidisciplinary team members. The Vicarious Trauma Plan Guide offers numerous suggestions and resources, many of them free of charge. The other resources listed are devoted to providing information so the dedicated professionals who work with traumatized children have the opportunity to develop career-sustaining strategies.

For questions about any of the resources listed, please contact Karen Hangartner, Deputy Project Director, Southern Regional Children’s Advocacy Center, at khangartner@nationalcac.org.

Bibliography

NCAC’s Digital Information Librarian has created a selected bibliography of the professional research regarding vicarious trauma and secondary traumatic stress. Included are English language articles, reports, books, and book chapters. Author abstracts are provided unless otherwise noted. International publications are included.

Research

The Child Abuse Library Online (CALIO) provides access to a significant portion of the research on vicarious trauma. These publications are freely accessible and listed in date descending order. Restricted access publications are not included.

Resources

A number of resources including the Vicarious Trauma Plan Guide are available to assist with planning and implementation.

Training

NCAC and other organizations deliver evidence-based training via recorded online trainings and live and archived webinars, presented by subject matter experts.
Points of view or opinions expressed in this webinar are those of the presenter(s) and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.