Efficacy of the Child Advocacy Center Model

The investigation and intervention of child abuse, especially child sexual abuse, is very challenging for the children, families, and responding professionals. Children’s Advocacy Centers (CACs) and Multidisciplinary Teams (MDTs) coordinate the multidisciplinary response to these allegations in a child-friendly setting where the needs of the child are the primary concern. Within this single setting, the combined resources and expertise of child protective services (CPS), law enforcement, prosecutors, victim advocates, forensic interviewers, mental health, and medical professionals collaborate to limit any additional trauma to the child and family, while also assuring a quality and competent investigation and intervention which leads to healing and hope.

Why is this work so important?

- **Annual Medical Costs for Survivors**:
  - Sexual Abuse: 16%
  - Physical Abuse: 22%
  - Both Types of Abuse: 36%

- **Inpatient Hospital Outpatient (Physician and Clinic)**
- **Prescription Drugs**
- **Targeted Case Management**

- **Psychiatric Care**

- **$2635** More Per Year Health Expenses

- **Economic Impact**:
  - Child sexual abuse survivors were significantly less likely to own:
  - Home
  - Car
  - Stocks

  - **Per Year Earnings Compared to a Non-Abused Person**: $8000

  - Women abused in childhood appear to have 3:1 greater long-term economic impacts than men who were abused in childhood.

Why are CACs and MDTs so important?

- **Coordinated Services**: CAC communities demonstrated significantly higher rates of:
  - Coordinated investigations between law enforcement and CPS
  - Team forensic interviews
  - Case reviews
  - Recording of forensic interviews
  - Interviews in child-friendly settings

- **Prosecution Rates**: Use of the CAC approach leads to a dramatic increase in felony prosecutions of child sexual abuse:
  - District with significant CAC usage – 196% increase
  - District with limited CAC usage – 1% decrease

- **Case Processing Time**: Faster criminal charging decisions in child sexual abuse cases:
  - Within 1-60 days
  - CAC Community: 80%
  - Comparison Community A: 49%
  - Comparison Community B: 58%

Access to Medical Care:

- Children served at CAC were much more likely to receive forensic medical exams:
  - No penetration in abuse disclosure: 4.0 times more likely
  - Penetration in abuse disclosure: 1.5 times more likely

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 experience than caregivers from the comparison samples

- Children who were seen at the CAC:
  - More significantly described themselves as “not at all” or “not very” scared versus kids from the comparison communities


