

## CHILDREN'S ADVOCACY CENTERS: MAKING A DIFFERENCE ONE CHILD AT A TIME

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### I. INTRODUCTION

The world of child protection has changed greatly over the last hundred plus years. The journey from the earliest recognition of child abuse to the current utilization of facility based, multidisciplinary approaches to child abuse represents a sea change in the world of child protection. The Children's Advocacy Center model offers a comprehensive approach to working with child abuse victims that places the needs of the child first, while making certain that all members of the multidisciplinary team are fully engaged. "The purpose of a Children's Advocacy Center is to provide a comprehensive, culturally competent, multidisciplinary response to allegations of child abuse in a dedicated, child friendly setting."<sup>2</sup>

Prior to 1874, there were no laws that specifically protected children.<sup>3</sup> A major turning point in the story of our national response to child abuse occurred when the first edition of *The Battered Child* was published in 1968.<sup>4</sup> This book is seen as "a

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<sup>2</sup> NAT'L CHILDREN'S ALLIANCE, ACCREDITATION GUIDELINES FOR CHILDREN'S ADVOCACY CENTERS 5 (2004).

<sup>3</sup> The earliest known child abuse case where the authorities intervened to protect at child is that of Mary Ellen Wilson. Many date the founding of the modern child protection movement to the "Mary Ellen" case and to the founding of The New York Society for the Prevention of Cruelty to Children. See Am. Humane, *The Real Story of Mary Ellen Wilson*, [http://www.americanhumane.org/site/PageServer?pagename=wh\\_mission\\_maryellen](http://www.americanhumane.org/site/PageServer?pagename=wh_mission_maryellen) (last visited Nov. 2, 2006).

<sup>4</sup> THE BATTERED CHILD (C. Henry Kempe & Ray E. Helfer eds., 1968).

monumental contribution to the study of the mistreatment of children, a landmark document that played a major role in heightening awareness of child abuse in health care professionals, social service agencies, and society as a whole as well as encouraging its recognition and the treatment of its consequences.”<sup>5</sup> In 1974, Congress passed the Child Abuse Prevention and Treatment Act (CAPTA) and for the first time the United States had a designated national office to deal with child abuse and neglect in our country.<sup>6</sup> If we fast forward to the mid 1980’s we begin to see yet another pronounced change in the way that services are delivered to children. In this time period, cases of children who were alleged to have been sexually abused were beginning to be reported and the multidisciplinary response known as Children’s Advocacy Centers came into being. Prior to this organized beginning, however, the work of providing a comprehensive response to child sexual abuse was disorganized and often less than professional.<sup>7</sup>

## II. EMERGENCE OF CHILD SEXUAL ABUSE FOR PROFESSIONALS

When a child is seriously physically or sexually abused, society has created a presumption that there is a duty to intervene appropriately to protect the child from further harm.<sup>8</sup> From the beginnings of the child protection movement, many viewed this work as a “social problem” and one that should be handled by the social work community. What we now know about child sexual abuse has changed dramatically over the last twenty-five years, and

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<sup>5</sup> Richard P. Kluft, *Book Forum*, 156 AM. J. PSYCHIATRY 1828 (1999) (referencing THE BATTERED CHILD, *supra* note 4).

<sup>6</sup> David. L. Chadwick, *The Message*, 23 CHILD ABUSE & NEGLECT 957 (1999).

<sup>7</sup> Information related to the beginnings of the Children’s Advocacy Center movement is taken from the author’s continuous involvement from early meetings in Huntsville, AL in the late 1980’s to the present.

<sup>8</sup> NAT’L CHILDREN’S ALLIANCE, BEST PRACTICES FOR ESTABLISHING A CHILDREN’S ADVOCACY CENTER PROGRAM 3 (Nancy Chandler, ed., 3<sup>rd</sup> ed. 2000).

the ways in which we intervene in these cases has profoundly changed as well. Until the early 1980's the predominant cases investigated by child protection were physical abuse and neglect. The investigation of child sexual abuse was minor "in that very few cases of sexual abuse were disclosed" in the day to day work of child protective services worker.<sup>9</sup> It has been estimated that "there are a large number of abused children who are not being identified by other systems of data collection."<sup>10</sup>

In the early 1980's, two different forces came together to produce a change in the way services were provided to children following the disclosure of child sexual abuse. The first of these was the emergence of high profile multi-victim, multi-offender child sexual abuse cases:

The McMartin Preschool case was one of the earliest and largest child sexual abuse cases in this country. Although none of those charged were ever convicted, the 28-month trial was the longest and costliest criminal prosecution in U. S. history. This case is often cited as triggering the wave of pre-school sexual abuse cases in the mid-1980s.<sup>11</sup>

From California to New York, these cases took the country by storm. The media response was quick and soon made the investigators appear more villain than helper:

Media reports on large-scale, out-of-home allegations of sexual abuse often have elevated public concern about investigative procedures, as well as the safety of children in general. This media attention does not stop with the initial reporting of

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<sup>9</sup> David Finkelhor, et al., *Sexually Abused Children in a National Survey of Parents: Methodological Issues*, 21 CHILD ABUSE & NEGLECT 2 (1997).

<sup>10</sup> *Id.* at 7.

<sup>11</sup> *Frontline: Innocence Lost* (PBS television broadcast 1998).

the complaint; it continues as the investigation progresses into the trial stages. The tone of the reporting may shift from calls for aggressive action to suggestions that the team is too zealous.<sup>12</sup>

While these tragic cases received prominent attention, the cases of thousands of children went unreported, or were under-investigated. “Ironically, despite the widespread nature of the problem of child sexual abuse and the strong criminal laws against this type of behavior, we still find some who question why it should receive priority attention from law enforcement and even child protection agencies.”<sup>13</sup>

Somewhat simultaneous to this media firestorm, adult women across the nation were beginning to recount publicly their own cases of child sexual abuse, most of whom were abused by an adult in a trusted position in their lives, most notably by someone in a parenting role. These two occurrences produced the beginning of the acknowledgement that child sexual abuse was real and could not be discounted as an individual or familial anomaly.<sup>14</sup> The challenge then, was to establish a process that would define the facts and separate them from the experience.

Until the 1980’s, child sexual abuse was a minor part of the caseload of child protection agencies and an even smaller part of the lives of law enforcement officers. Reports of this form of child maltreatment

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<sup>12</sup> Donna Pence & Charles Wilson, *Team Investigation of Child Sexual Abuse: The Uneasy Alliance*, in INTERPERSONAL VIOLENCE: THE PRAC. SERIES 149 (Jon R. Conte ed., SAGE Publications 1994).

<sup>13</sup> *Id.* at 4.

<sup>14</sup> In 1996, National Children’s Alliance (then known as the National Network of Children’s Advocacy Centers), sponsored a groundbreaking conference entitled “Common Ground: Domestic Violence & Children’s Advocacy Centers.” The conference was underwritten by the Department of Justice and represented one of the earliest opportunities for child abuse professionals and the domestic violence community to come together to begin working on frameworks for dealing with the co-occurrence of violence against women and children.

represented only 7% of the 850,000 child abuse and neglect referrals received across the nation in 1981 (American Humane Association, 1983). Although statistics on criminal investigations or prosecutions on child sexual assault in the 1970's or before are not available, there is ample reason to believe that such events were comparatively rare. Below the surface of public and professional awareness, however, was a vast reservoir of children in need of protection.<sup>15</sup>

The response of our nation to horrific cases of child abuse began in the late 19<sup>th</sup> century. Since that time, the field of child abuse intervention and treatment has changed. New models have emerged that place the needs of the child foremost for the system response.

### III. RESPONSE TO CHILD SEXUAL ABUSE

In the early 1980's several new programs emerged to try and deal effectively with child sexual abuse cases. Most notably was the founding of the National Children's Advocacy Center in Huntsville, Alabama by the elected District Attorney, Robert E. "Bud" Cramer, Jr.<sup>16</sup> Several cases had occurred in Mr. Cramer's jurisdiction that called for a different response, as well as an acknowledgement that those entrusted to handle these cases did not have the means and tools to do so effectively. "Other actors in the protection of children include prosecutors who rarely encountered sexual assault cases in criminal courts until the mid-1980s. This type of case presented prosecutors with challenges never encountered before."<sup>17</sup> In one of these cases, Mr. Cramer had to

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<sup>15</sup> Pence, *supra* note 12, at 1-2.

<sup>16</sup> Nat'l Children's Advocacy Ctr., *History*, available at <http://nationalcac.org/nac/history.html> (last visited Nov. 6, 2006).

<sup>17</sup> Pence, *supra* note 12, at 6.

try and bring two young brothers who had been abused into the court to testify. To his horror, Mr. Cramer realized that the brothers had never acknowledged their abuse to each other and were terrified to testify of their abuse in court. Neither case coordination nor court preparation had occurred. An additional case created even further alarm for Mr. Cramer when he learned that a young girl who had been sexually abused by her step-father for several years had been subjected to many, many interviews after finally disclosing of the abuse to her grandmother. As Mr. Cramer frequently mentions in speeches, at the end of yet another round of interviews, the child finally asked why the adults could not talk to each other about her case rather than each individual agency asking her over and over again the painful details of her abuse. After realizing just how disjointed the system of child protection, investigation and intervention truly was, and that, in fact, the very systems designed to help children were in fact further re-victimizing the children, Mr. Cramer began to research whether or not there were programs in other parts of the United States that would have relevancy for his district.<sup>18</sup> “As District Attorney, I thought that I had seen the worse that one person could do to another. I was not prepared for the heinous crimes that were committed against children.”<sup>19</sup> He traveled across the country attempting to find a program that could be replicated in his jurisdiction that would be an answer for these cases. In some communities Mr. Cramer found that law enforcement was fully engaged in the child abuse response, in another that the medical or child protective response was fully involved, but in no community

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<sup>18</sup> Mr. Cramer has made these remarks during many speeches, most recently when he addressed the National Children’s Alliance Leadership Conference, June 8, 2005 in Washington, D.C..

<sup>19</sup> Press Release, Bud Cramer, Congressman, Cramer Celebrates new Children’s Advocacy Center (Aug. 3, 2006).

as there the type of multidisciplinary interaction and professional level of service Mr. Cramer believed was necessary.<sup>20</sup>

#### **IV. FOUNDING OF THE FIRST CHILDREN'S ADVOCACY CENTER**

To bring a solution to his own jurisdiction, Mr. Cramer founded the National Children's Advocacy Center. From that early beginning, a goal of the Children's Advocacy Center movement was that those who had injured a child would be prosecuted, and that children would be treated in a humane manner. He would demand a system that brought all elements of the child abuse investigation and intervention response together under one roof to provide the level of service needed by these child victims.<sup>21</sup> The systems of response had to be fundamentally changed to protect the child, and punish the offender.

A CAC community may provide a more organized, child-appropriate, culturally competent response designed to have the least negative impact on the child but to gain the most forensic information. A child's experience could be quite different in a community with a CAC than one without any agency to provide the coordinated one-stop services.<sup>22</sup>

The work of Bud Cramer, from his years as District Attorney, to his career as a Member of Congress, has focused on developing,

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<sup>20</sup> Mr. Cramer sought a model containing full multidisciplinary involvement with the full support of law enforcement, child protective services, prosecution, medical and mental health services.

<sup>21</sup> Mr. Cramer has cited these examples in numerous speeches to various audiences where the author was in attendance.

<sup>22</sup> Monique Simon et al., *Children's Advocacy Centers.*, in CHILD VICTIMIZATION 22-1, 22-2 (Kathleen A. Kendall-Tackett & Sarah M. Giacomoni eds., 2005).

strengthening, and improving the Children's Advocacy Center response to child abuse.

From the founding of this first program in 1985, hundreds of other communities began to design and build "one of the fastest growing models for improving investigations of child abuse - the Children's Advocacy Center (CAC)."<sup>23</sup> In 1992 there were twenty-two programs that became members of the National Network of Children's Advocacy Centers (now known as National Children's Alliance).<sup>24</sup> The following table illustrates the growth in numbers of accredited/accreditation eligible members of National Children's Alliance in the United States at the current time.<sup>25</sup>

Accredited Programs by Region

	1992	2006
South	12	179
Midwest	5	98
West	4	75
Northeast	1	47

In addition to this number, there are also 246 Associate member programs, one of which is in Canada.<sup>26</sup>

To this day, three core tenets underpin the work of Children's Advocacy Center programs: first and foremost, Children's Advocacy Centers require a multidisciplinary team response to cases of child abuse; second, ongoing cross-training of all members of the multidisciplinary team is essential; and third the needs of the child must be at the center of these activities.<sup>27</sup> From these three tenets, the Children's Advocacy Center model began to evolve. Each community that develops a Children's Advocacy Center has recognized and embraced these three tenets and utilized them as a platform to build their own program.

<sup>23</sup> Simon et al., *supra* note 22, at 22-1, 22-2

<sup>24</sup> Membership records of National Children's Alliance, 1992-2006, Oct. 2006.

<sup>25</sup> *Id.*

<sup>26</sup> *Id.*

<sup>27</sup> NAT'L CHILDREN'S ALLIANCE, *supra* note 8.

## V. THE CHILDREN'S ADVOCACY CENTER MODEL

The organization of a Children's Advocacy Center offers a community a mechanism for providing services to children who have been abused in a facility where the various competing demands of major institutions can be brought together to provide services to the child and family.

One-stop Child Advocacy Centers (CAC) are designed to help alleviate many of the inherent conflicts in the current child protection system. Child Advocacy Centers' number one goal is to reduce trauma to the child abuse victim by coordinating a child's interview to include professionals from multiple agencies, which can reduce the number of interviews and improve the quality of the investigation. They help children avoid the trauma of repeating their story at various stops along the legal and judicial path.<sup>28</sup>

Mr. Cramer wanted to ensure that the name "Children's Advocacy Center" was not tarnished by programs that did not adequately represent the model, and in 1987, he founded the National Children's Alliance (originally incorporated as the National Network of Children's Advocacy Centers). This non-profit national membership organization was charged with developing standards for Children's Advocacy Centers and ensuring that programs met the standards. A primary function of National Children's Alliance is offering a comprehensive accreditation program to insure that the member programs function within the NCA standards.<sup>29</sup>

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<sup>28</sup> Lisa Snell, *Child Advocacy Centers: One Stop on the Road to Performance-Based Child Protection*, (Reason Foundation, Los Angeles, CA) June 2003 at 1.

<sup>29</sup> The author was one of the early members of the Board of the National Network of Children's Advocacy Centers, now known as National Children's

In the late 1990's, the work of Children's Advocacy Center programs was heralded by the Department of Justice as the number one recommendation for improving services to child victims. The chapter on services to child victims from *New Directions from the Field* published by the Department of Justice provides strong support for the development of Children's Advocacy Center.

One of the most important innovations of this decade in providing services to child victims has been the proliferation of Children's Advocacy Centers. Children's Advocacy Centers use a multidisciplinary team approach to reduce the number of interviews abused children must endure and to deliver intervention services that are coordinated. Having law enforcement professionals, prosecutors, medical and mental health personnel, and child advocates working together ensures that children are not revictimized by the system and that they are provided with the best possible services. Similar programs should be created in every community.<sup>30</sup>

While in 1992 there were only 22 members of National Children's Alliance, significant growth has occurred and in 2006 more than 600 programs are members. All of these member centers have achieved either associate or accredited member status based on an accrediting process that applies the ten standards of National Children's Alliance. "A child appropriate/child-friendly setting and a multidisciplinary team are essential for

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Alliance, and was President of the Board in 1993 prior to becoming the Executive Director of National Children's Alliance in 1994. As such, the author was a participant during the discussions of the Board of this organization as plans were made and actions taken.

<sup>30</sup> U.S. DEP'T OF JUSTICE, OFFICE FOR VICTIMS OF CRIME, *NEW DIRECTIONS FROM THE FIELD: VICTIMS' RIGHTS AND SERVICES FOR THE 21<sup>ST</sup> CENTURY*, 394-95 1998.

accomplishment of the mission of Children's Advocacy Centers and for accredited membership in National Children's Alliance."<sup>31</sup>

## VI. STANDARDS FOR ACCREDITATION

The standards for accredited membership form the core services of a Children's Advocacy Center and define the manner in which services should be delivered. The actual implementation of the standards is based on the needs of the community and team. These standards relate to the physical structure of the facility housing the program, the interactions and workings of the multidisciplinary team, the expertise necessary for each partner agency as well as the process of the investigation and intervention. The standards also organize the work of the Children's Advocacy Center as it relates to the larger community and sets minimum goals for training, outreach to the community and the commitment to cultural diversity. In total, ten standards must be met for accreditation by National Children's Alliance.<sup>32</sup>

The first standard relates to the actual facility in which the services are delivered and states that: "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."<sup>33</sup> This standard organizes some of the most basic concepts of the CAC philosophy in that a location for the multidisciplinary team activities is established and operated in a manner where the needs of the child are balanced with the needs of the case. A center must be comfortable and private for the child and family, meaning that there is an area for the family to wait for the interview away from other families that is both safe and secure:

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<sup>31</sup> NAT'L CHILDREN'S ALLIANCE, *supra* note 2, at 5.

<sup>32</sup> Nancy Chandler, MSW, has been the Executive Director of National Children's Alliance since 1994 and participated in the drafting of the standards and in providing oversight to the implementation of these standards.

<sup>33</sup> NAT'L CHILDREN'S ALLIANCE, *supra* note 2, at 8.

Special attention should be paid to designing and decorating the waiting room and interviewing room(s) since the waiting room is usually the child and family's first contact with the center. Children may make assessments about how they are likely to be treated based on the environment. Therefore, appearance of the waiting room can help facilitate children's and families' participation in the process, largely by helping to alleviate anxiety and instill confidence and comfort in the intervention system. It should communicate, through its design, décor and materials, that the CAC is a welcoming and child-oriented place. The waiting room should include a children's play area and a comfortable space for teens and adults to wait.<sup>34</sup>

If there is more than one child or family being seen at the center, it is even more imperative that there be separate space in order for there to be no cross case contamination, and so that each individual has the privacy they need. The separation of children and families insures that information from one case cannot be heard by a child for family member from another case.

The facility must be in a place agreed to by the members of the team (particularly law enforcement and child protection who are most often at the center for joint interviews) who will be working at the CAC. "Access is key to a program's success. A frequent and ongoing concern of team members who are not located on-site is the distance from the community in which they work to the center. This is particularly true in large metropolitan areas or when one center serves a geographically large county."<sup>35</sup> It must be in a location where the team can either be located on site

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<sup>34</sup> MIRIAM WOLF, PUTTING STANDARDS INTO PRACTICE: A GUIDE TO IMPLEMENTING NCA STANDARDS FOR CHILDREN'S ADVOCACY CENTERS 16 (Nancy Chandler & Julie Pape, eds., Nat'l Children's Alliance, 2004).

<sup>35</sup> *Id.* at 23.

or in close enough proximity so that the team members as well as the CAC clients can easily access the center.

Another key aspect of the CAC is that persons known to be perpetrators or alleged perpetrators are not allowed at the CAC. This distinguishes the program from an interview center at a police department where those suspected of having been abusive are interviewed. The standard states that "The CAC is designed to provide a complete separation of victims and alleged offenders to the maximum extent possible".<sup>36</sup> This is an important issue for the psychological safety of the child.

Having a setting that is physically and psychologically safe for child clients requires that CACs separate children and alleged offenders to the maximum extent possible. Logic dictates that children may not feel free to disclose abuse if an alleged abuser accompanied them to the interview and was sitting just down the hall in the waiting room. This separation of children from alleged offenders should also extend to children and perpetrators in unrelated cases.<sup>37</sup>

Children's Advocacy Centers have emerged from a small group of programs committed to changing their response to abused children to a national movement of accredited programs, located in more than 600 communities throughout the United States.

## **VII. CO-LOCATION OF TEAM MEMBERS AT THE CAC**

One of the progressions for Children's Advocacy Center facilities has been the development of the co-located program. In the beginning of the Children's Advocacy Center movement, the

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<sup>36</sup> NATIONAL CHILDREN'S ALLIANCE, *supra* note 2, at 8.

<sup>37</sup> Wolf, *supra* note 344, at 16.

members of the team only came to the Center for the joint investigative interview or the follow-up case review sessions. Now, in many communities, law enforcement and child protective services, at a minimum, are physically located at the Center, reporting directly to the CAC to begin each workday. A common physical location greatly enhances the work of the team and allows more opportunity for sharing information and working in a totally collaborative manner on cases. In some communities, the entire child abuse squad of the police department, the entire child protective services unit of the local child welfare agency, several prosecutors, a mental health provider and even medical provider are all located at the center on a full time basis.

Co-location is a benefit to the entire team and to the progression of the case investigation as team members do not have to spend hours trying to find other team members at locations throughout the city. This co-location means that to ensure the separation of victims and offenders, those designing the center must plan, from the beginning, separate entrances, barriers to access, etc. This co-location has gradually evolved from the beginning development of centers, and now many programs come into existence already fully co-located. Other developments include mobile Children's Advocacy Centers, used primarily in very rural areas, where the center utilizes a large van or motor home to literally bring the services of the center directly to the child. In other areas, regionalized CAC programs have been developed for more rural areas where several counties have worked together to build and maintain the CAC.

An interesting aspect of the development of CACs is that very often, the CAC outgrows its original space within three years. In an early study of the evolution of CACs, a researcher determined that 58% of the earliest programs had moved or added to their space, and 79% indicated that they were in need of additional space.<sup>38</sup> Many programs have undertaken large capital

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<sup>38</sup> M. CHRISTINE KENTY, NAT'L NETWORK OF CHILDREN'S ADVOCACY CENTERS, REPORT ON THE EVOLUTION OF THE ADVOCACY CENTER MODEL (1996).

campaigns in order to build larger centers to handle all of the work that the center has evolved to undertake.

### **VIII. IMPORTANCE OF THE MULTIDISCIPLINARY TEAM**

Early in the development of an individual Children's Advocacy Center, the members of the multidisciplinary team determine the types of cases that will be seen at the center. Much depends on the ability of the multidisciplinary team to cover all of the cases covered in the protocol that underpins the work of the team and Children's Advocacy Center. In 2005, member programs reported to National Children's Alliance that they had provided services to 160,048 children. Of these children, 70.2% were seen for child sexual abuse.<sup>39</sup> The remaining children were provided services for physical abuse (12%), neglect (5%), witness to violence (3%), and for other forms of violence (7%).<sup>40</sup> It is a critical step for the members of the multidisciplinary team to determine which cases will form the core cases that the CAC will see. The multidisciplinary team will carry the burden for service delivery and will be expected to work these cases thoroughly utilizing the CAC and the team members involved.

Just as the center is the place where the work happens, the multidisciplinary team is the necessary and critical component to the delivery of that work.

The core element of a CAC is a multidisciplinary team (MDT). An MDT is a group of professionals who represent various disciplines and work collaboratively to promote a thorough understanding of case issues and assure the most effective system response possible. The purpose of the interagency

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<sup>39</sup> Unpublished statistics from National Children's Alliance obtained from member programs, 2005.

<sup>40</sup> Unpublished statistics from National Children's Alliance obtained from member programs, 2005.

collaboration is to coordinate intervention so as to reduce potential trauma to children and families, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates.<sup>41</sup>

No program can be a CAC without the cooperation of law enforcement; child protective services; prosecution; mental health; medical; victim advocacy; and the staff of the CAC. The team and the CAC exist as one unit, working cooperatively on behalf of children at risk of abuse. A core belief of the CAC movement is that to successfully intervene in a case of child abuse, particularly in a child sexual abuse case, the entire team must be part of the investigation. This information was borne out in the recent research completed by the University of New Hampshire (UNH) Crimes Against Children Research Center (CACRC).<sup>42</sup> This research, the Multi-site Evaluation of CACs, funded by the Department of Justice, Office of Juvenile Justice and Delinquency Prevention, was the most rigorous and comprehensive review of the CAC model undertaken to date.<sup>43</sup>

CACRC describes these Advocacy Centers as “state of the art intervention for effective, sensitive investigation of child abuse.” The research center has found that such advocacy efforts have helped law enforcement and social service agencies respond quickly to abuse allegations, coordinate investigations, reduce child and family stress and prosecute offenders. Those who have participated

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<sup>41</sup> WOLF, *supra* note 34, at 25.

<sup>42</sup> CRIMES AGAINST CHILDREN RESEARCH CTR., EXECUTIVE SUMMARY: FINDINGS FROM THE UNH MULTI-SITE EVALUATION OF CHILDREN’S ADVOCACY CENTERS (CACs) 1 (2006), [http://www.unh.edu/ccrc/multi-site\\_evaluation\\_children.html](http://www.unh.edu/ccrc/multi-site_evaluation_children.html) (select Executive Summary hyperlink) (last visited Nov. 6, 2006).

<sup>43</sup> Snell, *supra* note 28, at 17.

in the centers point to more effective and thorough investigations.<sup>44</sup>

One of the findings, taken from the UNH Executive Summary, states that "CACs showed significantly more evidence of coordinated investigations."<sup>45</sup> Police in CAC communities were involved in 81% of child protective service investigations of sexual abuse compared to only 52% of cases in comparison communities.<sup>46</sup> Team interviews (interviews with two or more observers) were more common in CAC cases than comparison cases (28% versus 6% respectively).<sup>47</sup>

Other benefits are also realized by the common location of all team members at the Children's Advocacy Center. Team members often are able to occupy far better space in which to work at the CAC than in their respective agencies. Individual team members who have the responsibility of investigating child abuse cases must hear heart wrenching stories from children each and every day. They listen to the most graphic descriptions of physical and sexual abuse from the children and from the other professionals on the team. Each team member will benefit from working on cases together, and sharing the workload of protecting such vulnerable children. By making a difference in case outcome for children, professional investigators working together can see that children are protected. "Positive secondary effects include a greater sense of accomplishment among professionals responsible for the cases and improved interagency relationships."<sup>48</sup> Whether co-located or not, having team members in close location to each other also helps with a reduction in burn out.

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<sup>44</sup> Snell, *supra* note 288, at 17-18.

<sup>45</sup> CRIMES AGAINST CHILDREN RESEARCH CTR., *supra* note 42

<sup>46</sup> *Id.*

<sup>47</sup> *Id.*

<sup>48</sup> Jerome R. Kolbo & Edith Strong, *Multidisciplinary Team Approaches to the Investigation and Resolution of Child Abuse and Neglect: A National Survey*, 2 CHILD MALTREATMENT 67 (1997).

## IX. LOCATION OF THE CHILDREN'S ADVOCACY CENTER

The location of the CAC also creates a unique structure for the work. The determination of the place where the CAC will be developed is an early decision for the team to make. "In planning the CAC, all professionals who will be involved in the program should provide input into the creation of this facility. This is an important strategy because the professionals will have greater investment and commitment to the CAC if they are involved in the decisions necessary to develop it."<sup>49</sup> Of current CAC programs, about 80% are free-standing not for profit agencies created for the sole purpose of developing and implementing the CAC model.<sup>50</sup> No matter the formal organizational structure, it is imperative that the team and the CAC are one and the same, working in a cooperative and collaborative manner to ensure the work of the program is carried out efficiently and effectively.<sup>51</sup>

## X. FORENSIC INTERVIEWING

An early focus of the CAC model was that of insuring that children are interviewed in manner that is legally sound, is of a neutral, fact finding nature, and is coordinated to avoid duplicative interviewing.<sup>52</sup> Prior to the development of the Children's Advocacy Center model, "traditional child abuse investigations often subject(ed) the child to multiple interviews."<sup>53</sup> Usually in a CAC, the child is interviewed in a room equipped with visual and audio monitoring and/or recording of the interview. While the

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<sup>49</sup> NAT'L CHILDREN'S ALLIANCE, *supra* note 8, at 27.

<sup>50</sup> *Id.* There are also programs that have been created by another non-profit agency such as a Children's Hospital or another social service agency, and still others are located under the administration of one of the partner agencies.

<sup>51</sup> *Id.*

<sup>52</sup> NAT'L CHILDREN'S ALLIANCE, *supra* note 2, at 12.

<sup>53</sup> Snell, *supra* note 28, at 1. Victim Services of New York City for example, found that, on average, a child sexual abuse victim has to repeat the story of the abuse to eight different people, some of whom interview a child several times. In one case, twenty-seven people interviewed a child.

interview is handled by one person, the other members of the team are encouraged to observe the interview through a one-way mirror or through a closed-circuit feed. The interviewers are trained in child development as well as in interviewing techniques designed to put the child at ease while asking difficult questions.<sup>54</sup>

Improving the forensic interview – taking care to enhance the value of the child's report as evidence of a crime – has been an important focus for CACs. There are several reasons for this. Learning the specifics of the alleged abuse is a priority for immediate decision making – making an arrest, removing a child from the home, or referring a family to a shelter. In addition, an initial focus on the alleged abuse helps protect evidence in the case, because questions that could be construed as leading (e.g., questions about parent's substance abuse) do not precede information gathered about the crime. The forensic interview can also serve other purposes, such as assessing child safety and determining children's needs for services.<sup>55</sup>

## XI. COMMUNITY INVOLVEMENT

Active outreach to the larger community is a hallmark of the Children's Advocacy Center model. Children's Advocacy Centers realize that success depends on engagement and involvement of the community. Community members from a variety of backgrounds actively participate in center activities as volunteers expanding the work of the Center through their involvement in educational activities, fundraising, program development and active outreach to underserved populations. Many of these volunteers contribute financially to the work of the

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<sup>54</sup> WOLF, *supra* note 344, at 46-52.

<sup>55</sup> Simon, *supra* note 222, at 22-5.

center helping the centers to achieve a balanced financial situation that is made up of both private and public contributions. Education regarding child abuse and the work of the CAC is another activity that involves the community. Children's Advocacy Centers have taken the lead in many communities in providing real expertise in educating the community about child abuse.<sup>56</sup> In the recently completed New Hampshire study "(a)ll of the CACs in the study were regarded as community leaders and experts in the area of child abuse. The participating CACs provided many services to the larger community: training to other professionals, consultation to outside agencies, prevention activities, and community education of child maltreatment."<sup>57</sup>

## **XII. MEDICAL AND MENTAL HEALTH SERVICES**

Another added value of the CAC model is that specialized medical and mental health 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.<sup>58</sup> Research findings from the University of New Hampshire Evaluation of CACs highlight the benefit of these activities:

More children involved with a CAC received a forensic medical examination. Forty-eight percent of children in the CAC samples received an exam versus only [21%] in the comparison sample. Sixty percent of CAC cases included a referral for mental health services versus only [22%] of comparison community cases. Thirty-one percent of children referred for counseling by CACs were provided

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<sup>56</sup> The author served as the founding Executive Director of the Memphis Child Advocacy Center. In that role, community outreach was a critical component to the early success of the program.

<sup>57</sup> CRIMES AGAINST CHILDREN RESEARCH CTR., *supra* note 47, at 1.

<sup>58</sup> NAT'L CHILDREN'S ALLIANCE, *supra* note 2, at 13-15.

those services on-site by a therapist who specialized in treating victims of child abuse.<sup>59</sup>

The Standards for Accreditation of Children's Advocacy Centers have helped mold the work of these programs, ensuring a response that places the needs of the child foremost following an allegation of serious child physical or sexual abuse.

### **XIII. BENEFITS OF THE CHILDREN'S ADVOCACY CENTER MODEL**

While services to children and their families is the central focus of the Children's Advocacy Center model, other positive outcomes have been recently documented. In 2005, the National Children's Advocacy Center in Huntsville, Alabama undertook a research initiative to determine the actual cost benefit of utilizing the CAC response to child abuse cases.<sup>60</sup> In this study, researchers compared two counties that utilize two different methods of handling child abuse cases. A highlight of this report is that:

On a per-case basis, traditional investigations were 36% more expensive than CAC investigations. The average per-case cost of a CAC investigation was \$2902 compared to \$3949 for a non-CAC case investigation, generating savings of more than \$1,000 per case. Annual investigation costs per 1,000 children were 41% lower in the CAC community than in the non-CAC community.<sup>61</sup>

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<sup>59</sup> CRIMES AGAINST CHILDREN RESEARCH CTR., *supra* note 47, at 1.

<sup>60</sup> AMY L. SHADOIN ET AL., COST BENEFIT ANALYSIS OF COMMUNITY RESPONSES TO CHILD MALTREATMENT: A COMPARISON OF COMMUNITIES WITH AND WITHOUT CHILD ADVOCACY CENTERS, 2006.

<sup>61</sup> NAT'L CHILDREN'S ADVOCACY CENTER, EXECUTIVE SUMMARY: FINDINGS FROM THE NCAC COST-BENEFIT ANALYSIS OF COMMUNITY RESPONSES TO CHILD MALTREATMENT 2 (2006).

An additional benefit of the CAC model is that children are often better able to remain in their own homes when the perpetrator is prosecuted:

Child protection expert Theodore Cross has found that when adults are not prosecuted for child abuse, children are more likely to be removed from their home. He found that cases that were declined for prosecution were nearly three times as likely to involve some type of child placement compared to cases that were accepted for prosecution. In cases where the perpetrator was prosecuted, abused children were more often able to remain in their homes. The reason seems to be that the focus on the family rather than the perpetrator has the unintended consequence of removing the child and not the abuser from the home. Cross argues that this relationship between prosecution and placement is further evidence for the value of the MDT and CAC child protection model.<sup>62</sup>

In another study reported in *Child Maltreatment*, researchers studied legal outcomes for children whose cases were handled by the Child Abuse Assessment Center in Oregon.<sup>63</sup> Four of the six hypotheses were confirmed in this study: more cases were filed for prosecution; more counts were charged on those cases filed; more perpetrators either pled guilty or were found guilty in those cases seen at the CAC; and more cases were filed for victims aged four to six provided services at the CAC.<sup>64</sup>

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<sup>62</sup> Snell, *supra* note 28, at 5.

<sup>63</sup> Debbie Joa & Meredyth Goldberg Edelson, *Legal Outcomes for Children Who Have Been Sexually Abused: The Impact of Child Abuse Assessment Center Evaluations*, 9 CHILD MALTREATMENT 263, 274 (2004). It should be noted that not all CACs are in fact referred to as Children's Advocacy Centers as can be seen that the CAC in this study is called the Child Abuse Assessment Center.

<sup>64</sup> Joa, *supra* note 63, at 274.

#### **XIV. ADVANCING BASIC PRINCIPLES**

From the beginning of the development of Children's Advocacy Center programs, the focus has been on the child at risk and insuring that each individual child's case is treated with the dignity and respect it deserves. The Children's Advocacy Center movement has changed the manner in which services are delivered to children at risk for abuse. "Even where CACs have not been established, there are programs that follow many of the same principles and program models as CACs."<sup>65</sup> More offenders are held accountable and the children receive a higher value of services through the child friendly setting, the forensic interview, the follow up with medical and mental health services, and through the provision of long range follow up and victim advocacy.

With that approach, the growth of Children's Advocacy Centers across the United States has been phenomenal and still continues at a steady pace. While many more programs are being developed in the United States, programs have developed and been implemented in Canada, Iceland, Poland, Sweden and in other foreign countries.<sup>66</sup>

The difficulty for the future is to insure that even with spectacular growth, the core philosophy, beliefs and standards are not compromised. It is the core commitment to insuring that every child receives the services to which they are entitled following an allegation of child abuse that sets the work of the Children's Advocacy Centers apart. Each child is seen as an individual and the team works to ensure that the healing process for the child begins as the child steps through the door of the Children's Advocacy Center.<sup>67</sup>

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<sup>65</sup> See generally Wendy Walsh, Lisa Jones, & Theodore Cross, *Children's Advocacy Centers: One Philosophy, Many Models*, 16 APSAC ADVISOR (2003).

<sup>66</sup> The information on programs in other countries was obtained from personal communication between the author and program staff of these respective centers.

<sup>67</sup> Speech given by the author at National Children's Alliance Annual Leadership Conference in Washington, D.C. (May 22, 2006).

