WHAT IS A CHILDREN’S ADVOCACY CENTER?

A Children’s Advocacy Center, or CAC, is a child-focused center that coordinates the investigation, prosecution, and treatment of child abuse while helping abused children heal. The MDIC is Yolo County’s CAC, a county collaborative between agencies responsible for responding to child abuse and Commercially Sexually Exploited/ Trafficked (CSEC) youth in our community. CACs reduce the trauma children have to endure when having to repeat the story of their abuse to multiple agencies. CACs maximize community resources, while eliminating duplication of efforts, and improve outcomes for the community, families, agencies, and public safety, by mounting a coordinated response to allegations of child abuse. The MDIC is a collaborative child-centered agency where county resources are consolidated and all agencies gather to serve the child instead of the child going to every agency separately. Research shows that the combined professional wisdom and skill of the multidisciplinary team approach results in a more complete understanding of case issues. By coordinating the response of agencies like law enforcement, child protective services, prosecutors’ office, advocates, mental health and medical professionals, CACs help ensure that when a child discloses abuse, they are not re-victimized by the very systems designed to protect them. The MDIC helps coordinate care and investigation from first report to conviction and beyond, while keeping the child at the center of everything the team does. At its core, the model is about teamwork- bringing the agency professionals involved in a case together on the front end-and about putting the needs of the child victim first. The MDIC provides an array of compassionate, professional, trauma-informed services to children and their families.

https://vimeo.com/263000974
How Does the Children’s Advocacy Center Model Work?

**LAW ENFORCEMENT**
- The role of local law enforcement is grounded in public safety.
- If not criminal in nature, law enforcement may not take action.

**CHILD PROTECTIVE SERVICES**
- The role of CPS is to ensure that a child’s home is safe.
- If the family/caretaker is not the alleged abuser, CPS may not take action.

**Immediate Response**
- Child is brought to children’s advocacy center.

**Priority Assigned (24-72 hours)**
- Joint Investigation Begins:
  - Forensic Interview
  - Evidence Collected
  - Photos Taken
  - Witness Interview
  - Medical Treatment and Exam

**CAC Coordinates Case Review with all team members, including law enforcement, prosecution, Child Protective Services, the forensic interviewer, a mental health provider, a medical professional, and a family advocate.**

**Case Presented to District Attorney**
- Child & family receive mental health services—family advocate works with family to assess critical resources and provide support as the case moves through the justice system.

**Child Removed from Home, or Case Opened for Services, or Case Closed**
- Suspect Charged or Case Refused.
CACs Help Child Victims Heal

Last year, In California CACs and MDTs served at least 9,812 children whose healing was advanced because:

**CACs Are Effective**

- CACs reduce trauma to children and result in increased medical and mental health treatment for children who have been abused.
- Increased use of CACs and MDTs has resulted in increased successful prosecution of people who have abused children, as demonstrated in national studies that compare felony prosecution rates in large urban areas.

**CACs Save Money**

- A community that uses a CAC saves on average $1,000 per child abuse case when compared to communities that do not have a CAC.

**CACs Are Responsible**

The National Children’s Alliance uses evidence-based standards that reflect best practice methods to assess CACs for its accreditation program. All accredited centers must show that they meet standards in the following areas: Child-appropriate facility; Multidisciplinary team; Organizational capacity; Culturally competent policies and practices; Forensic interviews conducted in an objective, non-duplicative manner; Medical evaluation and treatment; Therapeutic intervention; Victim support/advocacy; Case review and tracking.

https://www.nationalchildrensalliance.org/cac-model/

https://www.cacc-online.org/
Long Term Effects of Child Abuse

Sexual abuse, physical abuse, and neglect are forms of Adverse Childhood Experiences (ACEs) that researchers have linked to mental health problems, such as mood disorders, anxiety, substance abuse, and impulse control disorders. Child abuse often co-occurs with other ACEs, like witness to domestic or community violence, or traumatic loss or separation. Adults with multiple ACEs have been shown to be more likely to endure poor health outcomes like diabetes, STDs, heart disease, suicide, and early death. Many children present at the MDIC with high levels of post-traumatic stress disorder (PTSD) symptoms as well as other problems like nightmares, feeling scared, feeling worried, having trouble concentrating in school, feeling lonely, not wanting to play, and having intrusive thoughts. During a child abuse investigation, there is often so much focus on the adults, case, moving, and physical safety that kids feel overwhelmed, confused, lost, and responsible.

In the chart above, the Child PTSD Symptom Scale shows the average child (and caregiver) reported symptom scores before and after receiving trauma treatment at the CAC. Researchers agree that scores of 11 or higher reflect significant distress, and indicate that a child may eventually qualify for a diagnosis of PTSD upon further assessment. Children with scores of 15 or higher are almost certain to meet the full criteria for PTSD.
2019 Yolo County Study of Economics of Child Abuse

Financial impact for verified CWS cases in 2018:

$130.9M

That same amount could send 13.5k kids to preschool

$25,342,320
HEALTHCARE

$4,094,114
CRIMINAL JUSTICE

$6,302,173
CHILD WELFARE

$8,433,641
EDUCATION

$86,742,900
LIFETIME PRODUCTIVITY

Safe and Sound (SF CAPC) and Berkeley Haas School of Business and The Yolo County Child Abuse Prevention Council
Some National Statistics

- Nearly 700,000 children are abused in the U.S. each year. That is about 1% of kids in a given year. Last year, CACs, nationally provided victim services to over 275,000 children.
- In 2018, more than 15% of kids were polyvictimized (suffered two or more forms of abuse).
- Child abuse is deadly. In 2018, an estimated 1,770 children died from abuse and neglect in the United States.
- Kids with problem sexual behaviors get help at CACs. Treatments offered for children and youth with problematic sexual behaviors are successful; after treatment, 98% never go on to hurt another child.
What else does the Yolo County CAC (MDIC) do for Yolo County Kids?

In addition to the standard CAC services described above, the MDIC:

- Interviews children up to their 18th birthday and adults with intellectual disabilities.
- Has bilingual and bicultural staff in Spanish and Punjabi.
- Provides transportation to medical exams, interviews, therapy, & court; and two Service Dogs providing comfort and support.
- Provides on-site therapy, home visits, and telephonic appointments.
- Has staff with specialized and specific training.
- Is cost effective. Child goes through MDIC for services rather than several agencies.
- Identifies and provides services, including after-hours response, for Commercially Sexually Exploited Children (CSEC).
- Utilizes Outcome Measurement Systems (OMS) to collect feedback from caregivers and team partners to ensure the best possible services.

Cases by Yolo County Jurisdiction

**Cases in 2020 shown through July 31, 2020**
Information Specific to The Yolo County CAC

✓ The MDIC uses NO General Fund funding. Like the program, The MDIC’s funding structure is also collaborative. All of the MDIC’s revenue is generated through grants, community donations, fundraisers, and partner agency contributions. All of its revenue, including its fund balance, is protected and restricted to use for MDIC services only.

✓ Over 584 hours of specialized training by MDIC staff in topics of Child Development, Child Abuse, Child Sexual Abuse, and Human Trafficking in 2019.

✓ Over 296 hours of specialized training by MDIC staff in topics of Child Development, Child Abuse and Human Trafficking so far in 2020.

✓ Doing more with less: The MDIC’s caseload and services provided have increased significantly over the last several years without an increase in funds or resources.

✓ Due to limited county resources, children being seen at the MDIC for therapy services would not receive services otherwise.

✓ The MDIC sees approximately 200 children per year, with an anticipated increase this year due to COVID.

✓ 100% of agency partners surveyed via OMS agree that clients served through the center benefit from the collaborative approach of the multidisciplinary team.

✓ 100% of caregivers who filled out an OMS survey felt their children felt safe at the MDIC.

✓ 100% of caregivers agreed that they received necessary referrals and/or resources

Cases Served in a Language other than English

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
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<tbody>
<tr>
<td>2020</td>
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<tr>
<td>2019</td>
<td>33</td>
</tr>
<tr>
<td>2018</td>
<td>19</td>
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Commercially Sexually Exploited Children (CSEC):

- Statistics indicate that youth who are sexually abused as children are 28 times more likely to be victims of human trafficking than youth who have not experienced abuse.
- The Yolo County MDIC utilizes the Commercially Sexually Exploited Identification Tool (CSE-IT) to identify at-risk youth before they’ve been trafficked and picked up by law enforcement. The MDIC provides them with advocacy, support, therapy, and necessary services thus saving money on the long-term costs associated with human trafficking and it’s victims.
BENEFITS TO HAVING A CAC

- The MDIC aids in reducing the long term costs of childhood abuse in adulthood including, physical & mental health, social services, & the criminal justice system.
  - The MDIC aids in keeping children out of the foster care system by providing necessary treatment, resources, and child abuse prevention education to families, which begin immediately, on site, at the MDIC.
    - The MDIC minimizes re-victimization of children and families through the investigation, assessment, intervention, and prosecution process.
    - The MDIC provides coordination of Joint Investigations.
    - Responding comprehensively to today's victims, prevents child maltreatment in future generations.
  - The MDIC specializes in neutral, trauma-informed, and developmentally appropriate Forensic Interviews- Child Interview Specialists are highly trained in interviewing children. They are not the case carrying investigators or social workers.
    - Right people matched with the right job. Staff with specialized training and experience assisting the police with investigative process.
- The MDIC specializes in Medical Evidentiary Evaluations.
- The MDIC provides Direct Family Support and Advocacy.
- The MDIC provides effective and specialized Mental Health Services to help children recover from trauma and avoid the lifelong impacts of it.

BOTTOM LINE

CACs prevent abuse and keep children safe
CACs save money
CACs are efficient
CACs hold offenders accountable
CACs help child victims heal
CACs are effective
CACs are committed to evidence-based practice
CACs are accountable
What MDIC families appreciate most about the center:

- “We appreciate that the MDIC exists.”
- “The staff was awesome and supportive.
- “Thorough explanations of the process, friendly, well informed staff.”
- “Honesty.”
- “Thank you.”
- “Lots of info, very friendly.”
- “Overall good visit, despite the reason.”
- “Candor and tact.”
- “I appreciated the center’s toy collection!”
- “They answered all of my questions.”
- “Pleasant staff and informative.”
- “They were an open book about everything.”
- “I appreciate all of the services offered.”