Testimony of Abbie Newman, R.N., J.D., in Support of

Statewide Funding for Child Advocacy Centers

Good morning Chairman Marsico and members of the Judiciary Committee. Thank you for the opportunity to testify here today. My name is Abbie Newman. I am here as the Executive Director of Mission Kids Child Advocacy Center of Montgomery County, and President of the PA Chapter of Child Advocacy Centers (CACs) and Multi-Disciplinary Teams (MDTs). The PA Chapter is accredited by the National Children's Alliance, and supports the development, growth, and continuation of multidisciplinary teams and Child Advocacy Centers in Pennsylvania.

The statistics are staggering: 1 out of 4 girls and 1 out of 6 boys will be victims of child sexual abuse before the age of 18. Child abuse occurs in every zip code, every race, every ethnicity and every community. Child abusers are not strangers, but rather more than 90% of the time is someone in a close relationship to the child and family, and more than 50% of the time is a family member. Child abusers keep the silence of their victims in a process known as 'grooming', by which the abuser, often someone in an authority position to the child, may take months, or years, to make the child feel that increasing levels of touch are acceptable. By the time the actual abuse takes place, the child may feel that they somehow invited the attention, it is their fault, and worst of all, who will believe them if they summon the courage to tell? And, if he or she does tell, since they are talking about a family or respected community member, what if they are not believed? Or as bad, what if he or she is believed and is responsible for the break- up of the family, or the de-frocking of a beloved clergy member? Child abuse is very scary to a child, in more ways than the obvious horror that the child endures.

Prior to Child Advocacy Centers, if a child disclosed abuse, the resulting investigation involved professionals who did not work together, but rather in their own 'silos'. Child Protective Services, prosecution, law enforcement, victim services, medical and mental health services each had a different role in the investigation and intervention process. As a result, the child was subjected to multiple, repetitive interviews, in locations such as police stations, busy Emergency Rooms, or a principal's office where a child only went if they were 'in trouble.' All of the professionals trying to help were subjecting the child to additional trauma by forcing them to repeat the horror, embarrassment, shame and humiliation of the abuse. An additional effect of multiple interviews was a prosecution that could be plagued with differing statements to be picked apart by a defense attorney. If a case reached trial, the child often did not have the strength to tell their story again, this time in a courtroom, with a judge, 12 strangers, and the abuser and his supporters all present. The prosecution would often fall apart, the perpetrator released, and the child and family left in a worse situation than before the disclosure.

The first Child Advocacy Center was developed in Huntsville, AL in1985 by then

District Attorney, later Congressman, Bud Cramer. The concept he created is to have the child be like the hub of a wheel; all the professionals who help that child and make up the Multidisciplinary Team are the spokes. Rather than making the child travel to each professional separately, having each system work alone, this concept requires each professional come to the child, acting in a coordinated fashion. The coordination promotes better understanding of and respect for one another's roles and expertise, more informed case management decisions, and most importantly, a minimization of the trauma children can suffer following disclosure and the subsequent investigation.

Every Child Advocacy Center is a child-friendly environment designed to meet the needs of children who are alleged to have been abused. The victim is interviewed by a specially trained Forensic Interviewer, and in many Centers the interviews are recorded. Forensic Interviewers are responsible for obtaining a statement from a child in a manner that is developmentally appropriate, using open-ended and non-leading questions that will not taint the interview. Members of the Multi-Disciplinary Team are able to observe the interview live on closed circuit TV so they get the benefits of observing the nuances and body language of a live interview, while the child is spared the trauma of multiple interviews.

Research demonstrates that child abuse investigations handled through a Child Advocacy Center have a shorter length of time to disposition, better prosecution outcomes, higher rates of caregiver and child satisfaction, more referrals to mental health services, and better access to medical care. Also, anecdotally, use of this model results in more plea agreements. 21 Counties in PA receive Child Advocacy Center services, but 33 counties, including Centre County, do not have one.

One interview conducted at Mission Kids was of a 17 y/o girl who lived with her single adopted father and sister. This father was by all outward appearances an upstanding and wealthy member of the community who seemed to be managing the difficult job of raising a teenage daughter. However, the girl was noted to be withdrawn and not doing well in school. She finally told a friend that her father had been giving her alcohol and drugs, and then raping her for years. The friend told a teacher, who reported it to the police and Child Protective Services. When the detectives first interviewed the father, he was very believable in saying that the girl was being a 'typical teenager' and making everything up. However, after being interviewed at the Child Advocacy Center it was clear that her story was not a fiction, and the resulting investigation eventually confirmed her story. Mission Kids ensured that the girl received a specialized medical exam and appropriate counseling. This case was tried before a jury, and where earlier the perpetrator might have gotten off, directly as a result of this process the father was convicted for the maximum sentence. The girl is still living with a wonderful foster mother, and is finally beginning to heal and have a life.

The National Children's Alliance, the National Accreditation body for Child Advocacy Centers, supports different organizational structures to fit the unique needs of each community. Centers may be independent non-profit agencies; affiliated with an

umbrella organization such as a hospital; or part of a governmental entity such as prosecution or Child Protective Services. Some agencies are co-located, and have all partners at one location; some house medical and/or mental health services on site. My Center, Mission Kids, is a non-profit, child-friendly center, centrally located in Montgomery County. The development was spearheaded by the joint collaboration of First Assistant, now District Attorney, Risa Vetri Ferman, and the Director of the Office of Children and Youth, Laurie O'Connor, as well as the Chiefs of all 51 police departments. We developed a partnership with Children's Hospital of Philadelphia and there are now two clinics staffed with specialists in child abuse who provide medical services in Montgomery County. All partner agencies report to us that the collaboration provided at Mission Kids has enhanced their investigations. Although we have been operational for less than 3 years, we have already conducted over 900 forensic interviews. Regardless of where the entity is housed or under what legal auspices, the ultimate success of any Child Advocacy Center lies in the fact that it is the ***only*** entity to bring together all partner agencies in a collaborative effort, and all of the partners feel equal ownership of the program.

A challenge that many Centers face is sustainability and limited funding. There is never a fee to families for services. Some agencies are able to obtain some compensation from partner agencies, but the remaining balance must be raised through private donors, foundations and special events.

Members of the Committee, you have before you an attachment that is the product of work done by the PA Chapter of Child Advocacy Centers. It has seen input from directors across the Commonwealth; these directors have the full cooperation of the local police officers, county Children and Youth Services, and District Attorneys in their counties. Child Advocacy Centers are the only organizations which provide for the best interest of the child, the non-offending caregivers, the professional investigations, and communities at large. Let's work together to advance these critical public safety and pro-victim organizations for the health of all of our communities. Thank you.

Pennsylvania Chapter of Children's Advocacy Centers & Multidisciplinary Teams

2012

The Multidisciplinary Team/Children's Advocacy Center Model

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Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams

5/14/2012

Pennsylvania Chapter of Children's Advocacy Centers & Multidisciplinary Teams

The Children's Advocacy Center Model

There was a time when a child abuse victim was often traumatized by the investigative process of the agencies and people intent on helping the child. Professionals from child protective services (CPS), law enforcement, and legal and medical systems interviewed the child separately and repeatedly in police stations and other environments intimidating to children. These interviews were done to meet the diverse and sometimes conflicting requirements of the agencies involved, rather than the needs of the child. The victim seldom received the support and services needed.

Since 1985, at least 750 communities across the United States have implemented investigation and treatment programs based on the Child Advocacy Center (CAC) model, first developed in Huntsville, Alabama as the National Children's Advocacy Center (NCAC). The CAC model promotes an integrated, multidisciplinary, child-friendly approach to investigation and treatment of child sexual abuse. At the heart of the model is the multidisciplinary team (MDT) of professionals with expertise in medicine, mental health services, child protection, law enforcement, prosecution, and victim advocacy.

CHILDREN'S ADVOCACY CENTERS (CACs) are child-focused, facility-based programs in which representatives from many disciplines work together as a Multidisciplinary Team (MDT) to conduct interviews and make team collaborative decisions on cases of suspected child abuse. The CAC model for child abuse investigation is proven and effective, bringing together trained professionals to investigate and provide medical and mental healthcare, as well as support to child victims of abuse, while holding alleged perpetrators accountable through the court system. CAC programs are child-focused, developmentally sensitive, and designed to create a sense of safety and security for child victims, thus beginning their restoration to health.

BACKGROUND

Although the Child Advocacy Model (CAC) has existed for more than two decades, many communities continue to provide traditional responses to child abuse cases. Unfortunately, traditional responses fail to encompass the full array of services, systems, and disciplines commonly involved in the provision of services throughout most CAC communities.

In 1988, representatives from Child Advocacy Centers (CACs) around the country joined forces to establish the National Network of Children's Advocacy Centers. A decade later, in an effort to reflect the Network's national composition and focus, the National Network became known as the National Children's Alliance (NCA).

NATIONAL CHILDREN'S ALLIANCE (NCA) is the national association and accrediting body for Children's Advocacy Centers (CACs) throughout the country, dedicated to helping local communities respond to allegations of child abuse in ways that are effective, efficient, and put the needs of child victims first. NCA provides accreditation, training, support, technical assistance, and leadership on a national level to over 750 local CACs responding to reports of child abuse and neglect across the country.

The mission of the NCA is to promote and support communities in providing a coordinated investigation and comprehensive response to victims of child abuse. NCA strives to provide every child access to the services of an accredited CAC.

CACs associated with NCA undergo an accreditation process that follows a regularly updated set of 10 standards established by the NCA Board of Directors to ensure that CACs offer effective, efficient, and consistent delivery of services. The NCA Standards for accreditation require CACs to demonstrate to expert site visitors that the CAC adequately addresses each of the following 10 criteria:

1. Child-Appropriate/Child-Friendly Facility
2. Multidisciplinary Team
3. Organizational Capacity
4. Cultural Competency and Diversity
5. Forensic Interviews
6. Medical Evaluation
7. Therapeutic Intervention
8. Victim Support/ Advocacy
9. Case Review
10. Case Tracking

The accreditation process ensures that CAC programs adhere to rigorous standards of quality service provision known to be effective in reducing the trauma of the investigations required to foster effective prosecution and in helping children heal from the effects of abuse. To be accredited CACs must follow the standards, yet each community can customize their approach within these standards. As noted previously, the Multidisciplinary Team (MDT) is central to the CAC Model of coordinating the investigation of suspected child abuse and the therapeutic response to the child and family.

THE MULTIDISCIPLINARY TEAM (MDT)

The multidisciplinary team (MDT) approach to investigating child abuse brings together the various professions involved in a child abuse case and fosters their ability to work in a unified manner rather than as professionals working in isolation from one another. The ideal MDT consists of CPS investigators, law enforcement, prosecutors, medical professional, mental health professionals, and victim advocates. The MDT allows these professionals to develop skills and strategies that: (a) enhance the ability to meet the specific obligations of each of their roles in the investigation of suspected child abuse, (b) foster closer collaboration and information exchange during the investigative process, (c) reduce the trauma of the child victim, and (d) create opportunities for evidence collection that promotes justice in prosecution of alleged perpetrators.

In addition to reducing trauma to children imposed by repetitive interviews, the MDT approach also promotes better assessment of the physical and psychological needs of children and families, resulting in earlier and faster healing for the victim and family members through referral for specialized services.

MDTs often obtain more credible evidence than individuals working in isolation, resulting in stronger criminal cases, faster prosecution and, arguably, more plea agreements. By decreasing the need for children to testify in court, the potential of additional trauma to children is further reduced. Equally as important as gathering the evidence that will permit effective prosecution, the MDT approach to child abuse investigations may also quickly exonerate those who are innocent of the allegations. Thus, the MDT approach fosters the process of justice and accelerates the process of healing.

CACs facilitate the collaborative investigations subsumed by MDT approach. The CAC permits forensic interviews to occur in neutral, child-friendly environments. *Research has demonstrated that communities with CACs have a higher coordination rate between law enforcement and CPS than communities without a CAC*[i].

FORENSIC INTERVIEWING

Within the Children's Advocacy Center (CAC) model, forensic interviews are typically the cornerstone of a child abuse investigation, effective child protection and subsequent prosecution, and may be the beginning of the road toward healing for many children and families. The manner in which a child is treated during the initial forensic interview significantly affects the child's understanding of, and ability to respond to, the intervention process and/or criminal justice system.

Forensic Interviewers are responsible for obtaining a statement from a child in a manner that is developmentally and culturally sensitive, unbiased, and fact-finding. The resulting evidence promotes accurate and fair decision-making by the Multidisciplinary Team (MDT) with recommendations about how the case might be handled in the criminal justice and child protection systems.

Forensic interviews are child-centered and coordinated to avoid duplication. *Using this approach, the CAC model reduces systemic trauma imposed on children by eliminating the multiple interviews typically conducted in non-CAC/MDT investigations.*

Within the CAC model, Forensic Interviews are performed by individuals who have received special training to assure that the interviewing process is neutral (or unbiased), sensitive to the child's developmental and functional level, prevents imposing additional trauma, and avoids contaminating the investigative process. *CAC cases have more MDT collaboration regarding forensic interviews and fewer interviews of the child victim than those counties without a forensic interviewer*[ii].

The role of the Forensic Interviewer may be filled by a CAC-employed forensic interviewer, law enforcement officers, CPS workers, medical providers, federal law enforcement officers or other MDT members, according to the resources available in the community. However, at a minimum, anyone in the role of a forensic interviewer should have formal forensic interviewer training and continued opportunities for supervision and consultation.

CACs play a key role in the recruitment and training of Forensic Interviewers, and they provide a network of peer supervision among local Forensic Interviewers and collaborative consultations with national experts.

MEDICAL EXAMINATIONS THROUGH A CAC: How having a CAC helps

Children's Advocacy Centers (CACs) influence the delivery and timing of forensic medical

exams, who receives these exams, and the satisfaction of caregivers with these exams[iii]. Where penetration was disclosed, children served by CACs were 1.5 times more likely to receive forensic medical exam versus children in the comparison sample.

Consequences for Children Who Do Not Receive a Specialized Medical Exam

- Assessment for Sexually Transmitted Infections is not performed and, therefore, children are deprived of treatment for these diseases.
- Assessment for medical injury is not completed.
- Children do not have an opportunity to learn, from expert medical practitioners, that their bodies are normal.

Importance and Value of Medical Exam

- Identifies and documents evidence of injury or infection.
- Identifies and treats medical conditions unrelated to abuse.
- Assesses the child for any developmental, emotional, or behavioral problems needing further evaluation and treatment and make referrals as necessary.
- Evaluates the child's safety and make a report to CPS if needed.
- Lets the child know that their body is normal, despite what happened.

VICTIM ADVOCACY

The victim advocacy component of an MDT keeps in contact with the victim's family throughout the juris prudence process. In areas that do not have a Children's Advocacy Center (CAC), the MDT needs to determine which entity will accept this role. In some settings, the victim advocate from a police department or district attorney's office may already be doing this job.

Victim assistance is a critical component of successful investigations and prosecution. Regular contact with the victim's support system allows members to recognize problems such as recanting or perpetrators having contact with the victim. These problems can be addressed prior to trial or before the child recants. It is important to be aware of resources the child or support system may need. A family who was financially dependent on, or easily intimidated and controlled by, a perpetrator is very likely to weaken under pressure. The more support they receive from the outside, the less dependent they will be on the perpetrator.

Victim assistance can benefit both civil and criminal cases as those victims and caregivers who receive necessary support will be more likely to cooperate with law enforcement, CPS, and prosecution. Ensuring that they are receiving proper help will lessen the need for CPS involvement in the current case and in the future. Proper follow-up care for the child and caregivers will help victims heal and reduce the likelihood that they will be victimized again. The victim advocate assesses safety concerns and performs an array of service such as:

- resources that victims and caregivers are likely to need
- services are available
- information about available financial assistance for the victim via crime victim's compensation
- notification of case progress
- psycho-education on the complex dynamics of child sexual abuse

ADDITIONAL BENEFITS OF THE CHILDREN'S ADVOCACY CENTER (CAC) MODEL

CACs EDUCATE COMMUNITIES

- Increased training to the MDT
- Training to the healthcare community, including pediatricians, family doctors, social workers, school nurses, and other professionals.
- Prevention education within the community

CACs ENHANCE EVIDENCE-BASED PRACTICE FOR CHILD ABUSE VICTIM

- Expert witness testimony
- Research EBP (Evidence-Based Practice)
- CAC becomes an accredited center through NCA

CACs HELP PROSECUTION

- Research has shown that cases seen at CACs have a significantly faster charging decisions and faster resolution times[iv].

CACs ACCELERATE RESTORATION OF HEALTH

- CACs ensure that children have access to specialized trauma-focused mental health services that are routinely available on-site or through linkage agreements with other agencies.
- Through CACs, children and their non-offending caregivers have access to mental health services regardless of ability to pay.

CACs IMPROVE FAMILIES' EXPERIENCES OF CHILD ABUSE INVESTIGATIONS

Cases seen at the participating CACs were more likely to result in higher ratings of caregivers' and children's satisfaction with services than cases seen in the comparison communities which were not served by CACs[v]. Caregivers expressed satisfaction with the interview process and investigation team. *Moreover, children expressed moderate to high satisfaction with the investigation, and were significantly less scared than those children from non-CAC communities.*

COST- BENEFIT ANALYSIS OF THE CAC MODEL

In 2005, the NCAC completed the first fiscal analysis of child advocacy centers. The resulting report reviewed scholarly publications about the costs and benefits of programs seeking to prevent or intervene in child maltreatment. The report also provided a cost-benefit analysis of different two models of child abuse investigation: the CAC model of a multidisciplinary team approach versus a more traditional model of joint investigation by child protection and law enforcement services. The cost-benefit analysis examined the economic and social resources invested in these two investigative approaches to child sexual abuse allegations and identified the return on investment produced by these protocols.

The results indicated that CAC services are an economically efficient means of responding to child abuse. Specific highlights from the cost-benefit study include:

- *On a per-case basis, traditional investigations were 36% more expensive than CAC investigations.* The average per-case cost of a CAC investigation was $2,902 compared to $3,949 for a non-CAC investigation, generating a cost-savings of $1,047 per case.
- *In the Commonwealth of Pennsylvania, 36,311 children were served by CACs/MDTs from 2007-11. Using the $1,047 per case cost-savings estimate associated with CAC/MDT investigations of child abuse, CAC/MDTs saved Pennsylvanians $38,017,617 (or an annualized cost-savings of $7,603,523).*
- The total annual budget for the community using CAC investigations was 45% higher than the operations cost in the non-CAC community. However, the CAC/MDT investigated more than twice the number of cases of the non-CAC community. Thus, these data further support the conclusion that CACs/MDTs offer greater cost-benefit than non-CAC investigations.
- *Annual investigation costs per 1,000 children were 41% lower in the CAC community than in the non-CAC community[iv].*

In summary, if the Commonwealth of Pennsylvania seeks to conserve fiscal resources, while simultaneously offering the most compassionate and effective investigations of suspected child sexual abuse, we may be well advised to implement the CAC/MDT model in every county.

Strong Structural Support Exists for MDT/CAC Development

STATE NCA CHAPTERS are member organizations comprised of CACs within a given state, similar in structure to NCA. Moreover, like the CACs they serve, no two Chapters are identical. State Chapters exist primarily to support their member CACs, assisting with the development, continuation, and enhancement of the CAC model as promoted by NCA standards of accreditation. State Chapters also serve as a resource for their member CACs, facilitating a network within the state to support their members and the agencies involved in the investigation, treatment, and prosecution of allegations involving child abuse. State Chapters may apply for NCA accreditation following a separate set of standards from those for individual CACs. *The Pennsylvania State Chapter is an Accredited member of NCA.*

REGIONAL CHILDREN'S ADVOCACY CENTERS (RCAC) were established by the Office of Juvenile Justice and Delinquency Prevention within the U.S. Department of Justice. RCACs work in tandem with NCA to offer a full range of training, technical assistance, consultation, and information to established and developing CACs. RCACs are also instrumental in assisting individual communities in developing a comprehensive and multidisciplinary approach to child abuse intervention, increasing community understanding of child abuse and assisting in the accreditation application process for local CACs by clarifying membership standards and conducting site visits. There are four RCACs throughout the country:

- **Northeast Regional- A program of the Philadelphia Children's Alliance, Philadelphia, PA** (Serving Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, *Pennsylvania*, Rhode Island and Vermont)
- **Midwest Regional- A program of the Midwest Children's Resource Center, Minneapolis, MN** (Serving Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin)
- **Southern Regional- A program of the National Children's Advocacy Center, Huntsville, AL** (Serving Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia)
- **Western Regional- A program of Safe Passage, Colorado Springs, CO** (Serving Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington and Wyoming)

Pennsylvania State Chapter of MDTs and CACs

The Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams (CACs/MDTs; est. September 17, 2000) is one of 45 nationally Accredited Chapters of the National Children's Alliance, demonstrating to site visitors that the Chapter effectively addresses each of the NCA Chapter Standards. A 501(c)3 nonprofit, the Chapter strengthens, sustains, and outreaches to communities to meet the needs of abused children and families through a proven-effective MDT approach.

The Mission of the Chapter is to promote, assist, and support the development, growth, and continuation of the multidisciplinary approach and children's advocacy centers for the protection of Pennsylvania's Children.

As shown in the Strategic Plan for the Pennsylvania Chapter of CACs/MDTs (see text box), the Pennsylvania Chapter provides support to its membership and the greater community by conducting several statewide training programs including: (a) Technology Education for Child Safety (TECS) Program, which offers training to parents so that they may better protect their children from technology-based bullying and victimization; (b) the Joint Investigation Multidisciplinary Team Continuous Practice Improvement Program for MDTs; (c) a Statewide CAC and MDT Child Abuse Conference, that is open to all community members; and (d) Statewide Forensic Interviewer Peer Review Program.

As shown in Table 1, there are 21 Children's Advocacy Centers in varied stages of development in Pennsylvania. Thirteen are Accredited members of National Children's Alliance and the PA Chapter of CACs and MDTs (red). *However, 33 counties in the state of Pennsylvania are not served by CACs. Children residing in those counties may still be subject to repeated interviews that are conducted in settings intimidating to children, arguably heightening the child's trauma and deterring recovery from abuse.*

PA CHAPTER OF CACs and MDTs: Strategic Plan Goals

The PA Chapter is committed to establishing and maintaining a strong staff and Board structure capable of legally, ethically and proactively supporting and protecting the best interests of its membership while maintaining compliance with all NCA Chapter Accreditation Standards and related criteria.

The PA Chapter is committed to developing and implementing a fair and equitable distribution formula and grants administration process for its NCA Chapter grant as well as any and all other pass-through funds to local centers/teams.

The PA Chapter is committed to providing support to existing teams and centers wishing to enhance or expand their current services and/or service areas and, in partnership with the NRCAC, serving as a resource to communities interested in establishing a CAC or MDT in the future.

The PA Chapter is committed to partnering with NRCAC to assist centers and teams in achievement and retention of NCA accreditation and/or associate or affiliate member status.

The PA Chapter is committed to ensuring its membership and those communities working to establish MDTs or CACs have access to relevant, affordable and accessible technical assistance and training opportunities for Staff, Team and Board members through its partnership with NRCAC, NCA and other resources available across the state.

The PA Chapter is committed to ensuring its membership is afforded opportunities to network with one another, share information and ideas, and learn from one another in an effort to advance the individual and collective goals of an effective, coordinated response to child abuse prevention, investigation, prosecution and intervention throughout the State.

The PA Chapter is committed to raising the public profile of the CAC and MDT model among the state legislature and other key statewide stakeholders and being a resource in the public policy arena in an effort to positively impact statutes, policies, and overall practices related to child maltreatment investigation, prosecution and intervention.

The PA Chapter is committed to seeking funding through a State Appropriation to provide ongoing fiscal support for its current and future member centers and teams throughout the State as well as for Chapter operations.

The PA Chapter is committed to collecting consistent and accurate output and outcome data from its CACs and MDTs for purposes of (1) increasing awareness about the incidence of child abuse and the benefits of the CAC model; and (2) Identifying gaps or needs in service delivery at the local level that might direct training and technical assistance efforts and the investment of other resources statewide.

RECOMMENDATIONS

1. That the Commonwealth of Pennsylvania recognize that CACs are the best model to: (a) support the multi-disciplinary team approach of child abuse investigations and (b) to support healing for victims of child abuse and their non-offending caregivers.

2. That the Commonwealth of Pennsylvania create dedicated funding to support the operation of the existing network of Children's Advocacy Centers and Multidisciplinary Teams to promote the investigation of suspected child abuse and the restoration to health of children and families affected by abuse.

3. That the Commonwealth of Pennsylvania provide funding to support outreach and development of CACs in underserved areas.

Table 1
Locations of Children's Advocacy Centers within the Commonwealth of Pennsylvania

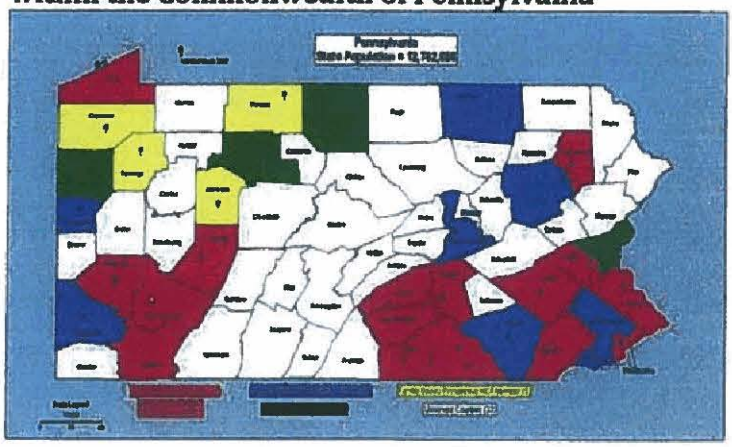

Table 2. Statistical Data

PA Children's Advocacy Center Service Statistical Data
2007-2011

	Annual Totals					% Change from 2007-2011
	2007	**2008**	**2009**	**2010**	**2011**	
Total Respondents:						
Accredited CACs	9				13	
Associate/Developing CACs	9				8	
Total number children served at CAC this reporting period:	6385	7335	7680	6920	7991	25
Gender of Children:						
Male	2335	2684	2713	4583	2708	16
Female	4050	4651	4918	2324	5273	30
Undisclosed				13	10	
Age of children at first contact with center:						
0-6 Years	2644	2799	3170	2741	3036	15
7-12 Years	2156	2567	2481	2326	2807	30
13-18+ Years	1585	1965	2029	1852	2101	33
Undisclosed				1	47	
Total Number of Alleged offenders:					7246	
Relationship of alleged offender to child:						
Parent	1570	2268	2094	1722	2000	27
Stepparent	314	288	315	215	301	-4
Other Relative	603	1262	1334	1342	1605	166
Parent's boy/girlfriend	1309	561	642	546	667	-49
Other Known Person	1504	1660	1830	1774	1927	28
Unknown	572	883	1149			

PA CAC Service Stats 2007-2011 (Page 2)

	Annual Totals					% Change
Age of alleged offenders:	**2007**	**2008**	**2009**	**2010**	**2011**	
Under 13	378	447	362	397	480	27
13-17	888	1111	913	851	938	6
18+	3584	4197	4581	3964	4379	22
Unknown	1021	1077	1425	1061	1459	43
Types of abuse reported:						
Sexual abuse	5021	5332	5749	5698	6518	30
Physical abuse	1161	1508	1623	955	1142	-2
Neglect	225	259	223	199	155	-31
Witness to Violence	100	189	98	164	223	123
Drug Endangerment	25	68	69	35	64	156
Other	196	176	122	147	162	-17

Race or ethnicity of total children seen at the CAC during reporting period:						
White	3793	4453	4548	4359	4633	22
Black/African American	1567	1713	1925	1557	2110	35
Hispanic/Latino	448	580	772	598	725	62
American Indian/Alaska Native	6	5	9	2	2	-66
Asian/Pacific Islander	35	36	56	36	37	6
Other	527	455	393	333	325	38
Undisclosed				35	159	

Number of children receiving services during the reporting period:						
Medical Exam/treatment	3250	3027	2745	2633	3376	4
Counseling/Therapy	329	1021	956	1204	1303	296
Referral to Counseling/Therapy	2665	2680	1778	2313	2450	-8
Onsite Forensic Interviewing	4086	4318	4696	4782	5961	46
Offsite Forensic Interviewing	410	522	442	393	264	-36

PA CAC Service Stats 2007-2011 (Page 3)

	Annual Totals					% Change
	2007	2008	2009	2010	2011	
Disposition of Child Protective Services Information:						
Founded	580	909	1137	923		
Administrative Closure	147	160	414	336		
Moved	20	16	3	18		
Unable to Determine	303	390	303	194		
Unfounded	1053	1733	2191	1391		
Other	345	214	104	21		
Law Enforcement Disposition-Number of cases where charges were filed:	713					
Case Disposition:						
Accepted for Prosecution	612	692	664	935		
Convictions	241	208	131	172		
Pleas	231	198	153	463		
Acquittals	37	63	111	30		
Other Services Provided by CAC:						
Case Mmnt/Coordination	1837	1058	1795	1828	1300	-29
Prevention-Children	7822	3755	12480	8348	3755	-51
Prevention-Adults	2320	8490	3313	5201	8490	266

References

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