

Child Advocacy Centers and SARTs

SART Listserv February 2007

Issue: SART collaboration with child abuse multidisciplinary teams.

Background: On NSVRC's National Needs Assessment survey a year ago, some SARTs indicated they were part of multidisciplinary Child Advocacy Centers (CAC).

- Do the child abuse teams meet separately or hold combined team meetings with SARTs serving adult victims?
- What are the benefits and challenges of combining the teams?
- If the teams are separate, do child abuse and adult SA service providers attend each others meetings?

Alaska (Fairbanks)

- Here in Fairbanks, we invite the CAC members to our SART meetings and I attend the CAC meetings.
- We are such a small community that several of us attend both meetings.
- The CAC meets monthly, but our SART meetings are only quarterly.

Alaska (Kotzebue)

- The region is small in population (under 10,000) and large in area (about the size of the state of Indiana) and remote. SART and CAC providers are mostly the same people.
- We hold combined meetings in order to get the largest turnout.
- The benefits include economy of time and gaining additional perspective.
- The disadvantages are that some members get impatient with discussion that does not pertain directly to their issues.
- When we tried to do separate meetings, there was too much time spent meeting to hear the same updates.
- We hold case reviews at the end of the meeting or may meet separately during that part of the session.
- Our case load is large for a locality our size, but small compared to other cities, so it works for us.

Florida (Pinellas County)

- Victims are served by the SAVE Team if perpetrator is a non-caregiver and the victim is above the age of 13.
- The Child Protection Team serves victims under the age of 18 if an abuse report has been filed. The perpetrator must be in a caregiver position.
- The CARS (Child Abuse Recovery Services) serves victims under 18 if the perpetrator is non-caregiver or if the offense is a child-on-child assault.

- Speculum exams are not done on victims under 13 years of age. Exceptions to that are made if we have a child who has been sexually acting-out long term.

Michigan (Battle Creek)

- Our teams are separate, but one benefit of combining them would be greater efficiency for team members (attend half as many meetings).
- In our community, it seems there is the idea, that child sexual abuse is worse than adolescent/adult sexual abuse. Combined meetings could chip away at these attitudes.

New York (Albany)

- Our SART team decided to focus on adult cases (over 18), and teen cases in which the assailant is a boyfriend or acquaintance.
- Our child abuse teams handle cases that involve Child Protective Services, or where the abuser is a person in authority over the child. Occasionally there is overlap.
- The teams meet separately. Some people (especially smaller police departments) may attend both meetings, but most members attend one or the other.
- Our SART is a resource, rather than a response, team. We are focusing on things like standardized policies when responding to rape cases, evidence collection, training of police, hospital, advocate and district attorney personnel, etc.
- We are still fairly new (started meeting in July) and at some point may take on the review of cases, but we're not there yet.

Pennsylvania

- When a CAC is developing, they are supposed to do a community needs assessment first to avoid duplication of services.
- As they continue the process of becoming a certified CAC, they are required to have MOUs from all other agencies with whom they might work. This would include children and youth services, law enforcement, local rape crisis centers, etc.
- The MOU basically says that they will cooperate and work together.
- If the National CAC notices that a major player is missing from the MOU, they will question the new CAC.
- There are several problems with this:
 1. An agency can call itself a CAC without actually being part of the national CAC (so they exist, but don't go for credentialing). The national CAC doesn't have oversight over the local CAC in this case and cannot mandate their collaboration.
 2. As CACs grow, many don't seem to work well with their local rape crisis centers. In theory they should work with them, and there may be a signed MOU, but in reality, there is very little collaboration.
- DA's are usually very involved with CACs and could have some influence over collaboration.

- The National Children’s Alliance develops standards and provides oversight for CACs. According to their website, “Membership in National Children’s Alliance (NCA) is offered to developing and established Children’s Advocacy Centers (CACs) as well as individuals and programs wishing to support the mission of the organization.”
- Accredited membership is offered to fully functioning CAC’s meeting NCA’s standards for accredited members. The purpose of Children’s Advocacy Centers is to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. A child appropriate/child-friendly setting and a multidisciplinary team are essential for accomplishment of the mission of Children’s Advocacy Centers and for accredited membership in National Children’s Alliance.
- The team response to allegations of child abuse includes forensic interviews, medical evaluations, therapeutic intervention, victim support/advocacy, case review, and case tracking. These components may be provided by Children’s Advocacy Center staff or by other members of the multidisciplinary team. To the maximum extent possible, components of the team response are provided at the CAC (Children’s Advocacy Center) in order to promote a sense of safety and consistency to the child and family.
- Definitions according to the National Children’s Alliance
 - **Child-Appropriate/Child-Friendly Facility:** A Children’s Advocacy Center provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for clients.
 - **Multidisciplinary Team (MDT):** A multidisciplinary team for response to child abuse allegations includes representation from law enforcement, child protective services, prosecution, mental health services, medical services, victim advocacy programs, and the Children’s Advocacy Center.
 - **Organizational Capacity:** A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative practices.
 - **Cultural Competency and Diversity:** The CAC promotes policies, practices and procedures that are culturally competent. Cultural competency is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community.
 - **Forensic Interviews:** Forensic interviews are conducted in a manner which is of a neutral, fact-finding nature and coordinated to avoid duplicative interviewing.
 - **Medical Evaluation:** Specialized medical evaluation and treatment are to be made available to CAC clients as part of the team response, either at the CAC or through coordination and referral with other specialized medical providers.
 - **Therapeutic Intervention:** Specialized mental health services are to be made available as part of the team response, either at the CAC or through coordination and referral with other appropriate treatment providers.
 - **Victim Support/Advocacy:** Victim support and advocacy are to be made available as part of the team response, either at the CAC or through coordination with other providers, throughout the investigation and subsequent legal proceedings.
 - **Case Review:** Team discussion and information sharing regarding the investigation, case status and services needed by the child and family are to occur on a routine basis.
 - **Case Tracking:** CACs must develop and implement a system for monitoring case progress and tracking case outcomes for team components.

Wisconsin

- Typically, our advocates are not asked to serve on these teams. I think there are two reasons for this.
 - Some programs don't work with children whose issues are addressed at these meetings.
 - Tensions seem to exist between advocates and individuals who work with child abuse victims (especially at child advocacy centers).
- We tend to see more child advocates serving on SARTs than the reverse.

August, 2005

Child Advocacy Centers

Issue:

What is the advocate's role at Child Advocacy Centers? How do multidisciplinary service providers collaborate without tension?

Background:

- A coordinated, multi-disciplinary team (MDT) was formed to serve survivors of child abuse and sexual assault. It is an investigation-based team based on the Child Advocacy Center (National Children's Alliance) model.
- The role of the advocate has been disputed since the team came together. Advocates are not given a place on the team. Information sharing (or the lack thereof) by advocates as well as HIPPA laws have restricted advocates' roles.
- Advocates are serving both children and adults at the same center, although adult services were added as an afterthought.

Oregon

- It is recommended that clients sign a confidentiality waiver form before discussing cases with team members.
- It is important for advocates to be part of the process and receive information. This helps advocates support and empower victims/survivors.
- Advocates have a strong relationship with key law enforcement detectives, which helps when we have conflicting viewpoints.
- Advocates' roles are unique on the team due to privileged communications with victims
- Advocates can participate in a team process and keep confidentiality privilege intact by not quoting conversations with victims/survivors.

Resources:

- **National Children's Advocacy Center** <http://www.nationalcac.org/>
- **National Children's Alliance** http://www.nca-online.org/pages/page.asp?page_id=4028
- **Child Abuse Prevention Network** <http://child-abuse.com/>
- **Resource Guide for Therapists Working with Child Sexual Abuse Victims** http://www.nationalcac.org/professionals/publications/complete_guide.pdf