Center for Victims

Start Here.
Cruising Into Collaboration
Developing Strong Relationships Between Rape Crisis and Child Advocacy Centers
Collaborating Agencies

Center for Victims

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Children’s Advocacy Center of Lawrence County, Inc.
Our Panelists

- Sue Ascione, Executive Director, Children’s Advocacy Center of Lawrence County, PA
- Jamie Mesar, Manager, Child Advocacy Center of UPMC, Children’s Hospital of Pittsburgh, PA
- Patrice El-Wagaa, Director of Sexual Assault Services, Center for Victims, Pittsburgh, PA
- Tracey Provident, Chief Program Officer, Center for Victims, Pittsburgh, PA
About Center for Victims

Center for Victims is the most comprehensive, inclusive provider of services, advocacy and education for victims of all crimes.

- For almost 40 years, has provided services to adult and child sexual assault victims
- Offers a Comprehensive Continuum of Services including Crisis Counseling, Medical, Court/Legal Accompaniment and Advocacy, Therapy, Victim Compensation Assistance, Offender Release Notification
- Each year, provides services to nearly 14,000 crime victims & other significant people in the victim’s life
CAC of Lawrence County is a private non-profit agency celebrating 25 years of service in Lawrence County.

The CAC services include...

- A child-focused agency intent on coordinating multidisciplinary team services for abused children through consistent interagency collaboration,
- Evidenced-based, home-based prevention programs for families and children in Lawrence County, and
- Therapeutic services to children who have experienced trauma
  - Parent-Child Interaction Therapy (PCIT)
  - Trauma-Focused CBT
  - ARC – Attachment, Self-Regulation, Competency Clinical Services
About UPMC-Children’s Hospital of Pittsburgh’s Child Advocacy Center

- Accredited Hospital Based Child Advocacy Center
- 4 full time interviewers, 3 full time and 1 part time physicians, 1 CRNP and 2 nurses
- Service approximately 1,200 children each year for forensic interviews
  - Interviews are completed with victims of sexual maltreatment and physical maltreatment
  - Also interview children who have witnessed maltreatment of other children and major crimes
Importance of Collaboration

- Standards of Service for both CACs and Rape Crisis Centers
  - Ensuring Basic Services are Available – Crisis Counseling, Accompaniment to medical facilities, police investigation, court procedures, Information & Referral etc.
  - Individual Advocacy – Facilitating negotiation of different systems encountered as result of sexual violence
  - Systems Advocacy – affecting policy and/or procedures in order to improve systems’ response to those impacted by sexual violence
National Children’s Alliance Standards for Accreditation

- **Standard I: Multidisciplinary Team**
  - Team for Response to Child Abuse Allegations Includes Representation From the Following:
    - Law Enforcement
    - Child Protective Services
    - Prosecution
    - Medical
    - Mental Health
    - Victim Advocacy
    - Children’s Advocacy Center
NCA Standards – Multidisciplinary Team

- **MDT Member Roles and Responsibilities:**
  - Each member is guided by their respective organization’s rules and regulations
  - Team members learn about each other’s abilities and limitations/parameters
  - Cross-Training
  - Confidentiality
  - Participation in Team Processes
National Children’s Alliance Standards for Accreditation

- **Standard IV: Victim Support and Advocacy**
  - Victim Support and Advocacy Services are routinely made available to all CAC Clients and their non-offending family members as part of the Multidisciplinary Team Response.
NCA Standards – Victim Advocacy

A. Crisis Intervention and On Going Support Services

- Crisis Intervention and ongoing support services are routinely made available for children and non-offending family members on-site or through linkage agreements with other appropriate agencies or providers.
B. Education is Available

Education regarding the dynamics of abuse, the coordinated multidisciplinary response, treatment, and access to services is routinely available for children and their non-offending family members.
C. Information Regarding the Rights of a Crime Victim is Routinely Available

Information regarding the rights of a crime victim is routinely available to children and their non-offending family members and is consistent with legal, ethical and professional standards of practice.
D. Written Documents include Availability of Victim Support and Advocacy Services
   - The CAC/MDTs written documents include availability of victim support & advocacy services for all CAC clients.

E. Trained Individuals Provide Comprehensive, Coordinated Victim Support and Advocacy Services
   - Designated, trained individual(s) provides comprehensive, coordinated services
PA Chapter of Child Advocacy Centers/MDTs

- The Chapter is one of 45 nationally recognized chapters of the National Children’s Alliance.
- The Chapter’s purpose is to help strengthen, sustain, and outreach to communities to better meet the needs of abused children and their families through a proven-effective multidisciplinary approach.
PA Chapter of Child Advocacy Centers/MDTs

- The PA Chapter of CACs and MDTs
  - Board of Directors
  - Meets Accreditation Standards for State Chapters
  - Training and Technical Assistance to any county in the State with a CAC and/or MDT
  - TECH Smart 4 Kids
  - Continuous Practice Improvement Program (CPIP)
  - Legislative Advocacy
Continuous Practice Improvement Program (CPIP)

- Provided by the PA Chapter of CACs and MDTs through a grant from the Children’s Justice Act
- Appropriate for all MDTs at varying levels of development
- Endorsed by the Pennsylvania Children and Youth Administrators
Program Objective:

- Promote, assist, and support the development, growth and continuation of the multidisciplinary process with a particular focus on improving the effectiveness of the joint investigative approach for the protection of Pennsylvania’s children.
Northeast Regional Child Advocacy Center (NRCAC)

- One of four Regional Projects established by the U.S. Department of Justice
- Mission: To strengthen Children’s Advocacy Centers and Multidisciplinary Teams by promoting and improving a multidisciplinary community response to child abuse
- Provides free training and technical assistance to PA
Where We Were

- From CAC Perspective
  - No dedicated Victim Advocate to CAC
  - Called providers and hoped an Advocate was able to be present
  - If no Advocate present, CAC staff provided information on two local programs
  - Relied on Law Enforcement to make referrals to Advocates in their offices
  - No formal referral process / information sharing
  - Lack of Resources for Clinical Supervision
Where We Were

- From Rape Crisis Center Perspective
  - Difficult to manage request for Advocate to be present (lack of pre-planning)
  - Cases falling through cracks – families not following through with contacting RCC
  - Meeting child and family later in process (court) – lack of earlier intervention
  - Lack of Resources for Clinical Supervision – Identified Need to Increase Clinical Services and Supervision
Where We Are Now

- Victim Advocate has work space in CAC and is present on a daily basis
- Advocate meets with available family/caregivers during child interviews
- Every family who needs a Victim Advocate has one present during appointment
- Can talk and share information with Advocate
- Shared Clinical Director
How Did We Get Here...RCC Presence at CAC

- Accreditation of CAC noted significant gap in services
- Meetings held with local RCCs
  - One RCC able to meet all needs
- Began with Multiple Advocates - changed to dedicated specific Advocates – Clarified Roles
- Ensured Confidentiality – Appropriate Releases
How Did We Get Here...Shared Clinical Director

- Meetings held with Director of CAC and Directors of RCC
- Clinical Consultant helped identify need for expansion of clinical services & supervision
- Resulted in Administrative Efficiency with increase in clinical supervision – employee of one organization – time split between two.
Challenges

- Role Confusion
- Confidentiality – Referral Agreements
- Availability / Capacity of RCC
- Lack of Services to Children in some places especially those with specialty in Child SA
Role of Victim Advocate at CAC

- Advocate(s) is cross-trained in all crimes, but specializes in child SA and Trauma
- Participates in MDT Meetings
- Maintains calm, supportive atmosphere
- Supports family structure in coping – critical to child’s healing
Role of Victim Advocate at CAC

- Pre-Interview Meeting with Parent/Caregiver
  - Addresses fears and anxieties
  - Educates parent/caregiver regarding how child can be impacted by parental reactions/attitudes
  - Explains Confidentiality and Role of Advocate
Role of Victim Advocate at CAC

- Both Pre-Interview and Post-Interview
  - Provides education/information on Trauma including symptoms child may experience and may intensify during involvement with investigation or court process
  - Normalizes feelings (guilt, anger, fantasies of revenge, sadness, shame etc.)
  - Provides tips on how to reduce stress & anxieties – use of art work, journaling to enhance child’s sense of competency and control
Role of Victim Advocate at CAC

- Post Interview
  - Answer questions about next steps – justice system & Victim’s Rights
  - Conduct assessment of child/family needs, including safety planning, victims compensation, treatment, offender release notification
  - Provide both verbal and written information on resources available
  - Follow-up to ensure access to services
Role of Victim Advocate at CAC

- Post Interview & Disclosure
  - Act as liaison with systems – re-informing about Victims’ Rights, Case Status
  - Educate about Court Process, Court Setting through use of video, coloring books, visit to courtroom
  - Discuss child’s fears and hopes about process and outcomes
  - Continue to assess needs of child & family
Role of Victim Advocate at CAC

- Goal is to Restore Balance in the life of the child and family
- Advocate Does Not:
  - Participate in the Interview
  - Have contact with child before the interview – meets with parent/caregiver during interview
  - Disclose information without appropriate releases
Positive Outcomes

- Seamless, Quality, Services for Child Victims – Immediate Personal Connection to Victim Advocate
- More Efficient – Less Interview Time
- CAC and RCC have clearly defined roles
- RCC on-site to help family cope with devastation of disclosure – Advocate keeps focus on what’s best for child
- Early Intervention with non-offending parent – supportive parent/caregiver critical to child’s healing
- Decreased confusion about services
Additional Positive Outcomes

- Cross Training and Joint Training Opportunities
- Staff Support in Coping with Secondary Traumatic Stress
- Sharing of Tangible Goods, Staff Resources and Competencies
- Familiarity with One Another
Are You Ready to Collaborate?

- What do you hope to achieve?
- How will this help your clients and advance your mission?
- Have you attempted to do similar collaborations? Lessons Learned?
- Are External Factors Aligned in Support of the Effort?
Are You Ready to Collaborate?

- Evaluating Partners
  - Similarity of Programs/Services
  - Compatibility with Mission / Vision
  - Organizational Values are Similar
  - Are Right People Involved? Have you successfully worked together in the past?
  - Do Parties Trust and Respect One Another?
  - Respected by Key Stakeholders?
Are You Ready to Collaborate?

- How will success be measured? How long before we begin to realize impact?
- What are the risks and challenges and how will they be addressed?
- Who will be involved in planning? How much staff time?
- What will each organization contribute? What will each receive? What is their roles?
Questions ~ Discussion