

Featuring the Child Advocacy Centers in Virginia's Learning Collaborative

Three of Virginia's 18 Child Advocacy Centers have participated in Virginia's first Learning Collaborative on Evidence-based treatments for Trauma. IMPACT and the Learning Collaborative are featured in the printed version of VCPN, volume 96. This companion piece will explain what a Child Advocacy Center is and will describe some of the programs offered by Foothills Child Advocacy Center, The Child Advocacy Program at the Children's Hospital of the Kings Daughters, and at the Child Advocacy Center of Greater Richmond SCAN.

History of Child Advocacy Centers



The
National Children's
Advocacy Center

In 1985, Congressman Robert E. "Bud" Cramer, then a District Attorney, organized an effort to create a better system to help maltreated children in the legal arena. He noticed that social services and the criminal justice systems were fragmented in their approach, sometimes creating a repetitious and frightening experience for the child victim. As a prosecutor, he was frustrated by the lack of coordination which resulted in difficulty obtaining guilty verdicts or plea bargains for offenders. Cramer brought together key staff from law enforcement, criminal justice, child protective services, medical personnel and mental health providers and formed a coordinated team.

Today there are 750 accredited Children's Advocacy Centers and 200 developing centers nationwide. In 2011, these CACs served 269,000 children, a number that has doubled in the past decade (Stephens, Martinez, & Braun, 2012). There are ten standards that CACs must achieve in order to become accredited: developing a multidisciplinary team (MDT); cultural competency and diversity; the ability to offer forensic interviews; victim support and advocacy; medical evaluation services; mental health services; case review; case tracking; organizational capacity; and maintaining a child-focused setting.

Virginia Child Advocacy Centers

Three Virginia Child Advocacy Centers are participating in a Learning Collaborative for Evidence-based Treatments (described in the main issue). This article offers a more comprehensive description of the work of these three centers.



The Foothills Child Advocacy Center in Charlottesville is a fully accredited member of the National Children’s Alliance. In 2002 The Charlottesville/Albemarle Commission on Children and Families created a workgroup that was charged with identifying ways to reduce the impact of abuse and neglect on children. From the workgroup came a recommendation to pilot a child advocacy center. With a business plan developed by the University of Virginia’s Darden School of Business, the project began in February, 2006. Later in 2006, a Board of Directors was formed and Foothills was incorporated. In April, the Foothills CAC conducted their first forensic interview of a child using the multidisciplinary team approach.

“We are a bit different than the CACs in Richmond and Norfolk,” comments Jennifer Kline, Program Coordinator. “Until recently, we were a very small- a one and a half-person operation. Therefore, we worked very closely with our MDT partners. We are working towards the ‘one stop shopping’ concept and I’m happy to share that we recently hired a case manager.” Kline explained that until recently, children had to have the medical examination at the local Emergency Department. At the first of the year, Foothills will be hiring a medical evaluator so the medical examination can be performed on site.

For three years, Foothills CAC shared a building with Children Youth and Family Services, a private non-profit and one of their MDT members. SARA (Sexual Assault Resource Agency) had a victim

advocate that would come to the child interviews and talks with the parent while the child was being interviewed. Now, the new Foothills Case Manager supports and educates the parents and conducts assessments and trauma screenings while the child is being interviewed. Because of the expansion of services, Foothills CAC has recently moved to larger quarters that will accommodate increased staff. Kline explains that the new case manager was part of the Learning Collaborative. “She is now knowledgeable about evidence-based treatment,” remarks Kline, “and since we have worked together before, she should fit in well with the staff.”

Another part-time staff person is Shannon Noe, LPC. Noe handles the outreach program, training community members through the *Stewards of Children* program. Noe says that she offers 2 to 4 trainings a month of *Stewards of Children*, a training program created by *Darkness to Light*. Noe says the program is a 3-hour training that helps responsible adults prevent child sexual abuse by being able to recognize signs of abuse and act responsibly by reporting their suspicions. The program teaches participants how to talk to a struggling child and helps empower people to report. Noe was trained in March, 2010. Since that time, she has trained over a thousand people. “We target churches, organizations that work with children, guidance counselors and the general public,” says Noe. “Due to a grant from the Wardle Family Foundation, we have been able to offer the trainings for free.”

Noe is pleased with the positive results in the satisfaction surveys gathered at the end of the trainings. At the start of the program, 74% of participants indicate that they know what to do if a child reports sexual abuse to them. At the end of the program, that number has changed to 99%. There are similar gains on other, more specific aspects of the training.

Noe also participates in the Foothills MD teams. The team for Charlottesville and the one for Albermarle County each meet monthly, plus there is a quarterly team meeting of both teams together. “Our teams work well because of strong leadership and because people have made a commitment to

attend,” relates Noe. Noe attended the Learning Collaborative since she is a counselor at Children, Youth and Family Services and she works with child trauma victims. She has found the Learning Collaborative valuable and she is excited about offering evidence-based treatments. Kline is very enthusiastic as well. “I’ve shaped the case manager position due to what I learned as part of the Collaborative,” she notes. “I have used the information to create her job descriptions and for protocols.” Kline notes that treatment providers, victim advocates, child protective services, and other MDT members from the Foothills team participated in the Learning Collaborative. “It is nice to have support from people who have expertise and have been working in the field for many years,” she added.



Greater Richmond SCAN opened the region’s first and only Child Advocacy Center in 2004. In 2007, the National Children’s Alliance accredited their CAC, recognizing the quality of services and the community’s dedication to the CAC model. SCAN’s CAC has multidisciplinary teams in Chesterfield, Louisa, Prince George and Richmond. In 2010-2011, SCAN’s CAC served 273 children who were victims of severe physical or sexual abuse and 34 of their non-offending parents.

Lisa Wright is the Mental Health Program Coordinator for Greater Richmond SCAN. Wright notes that SCAN’s CAC ensures best practices by using a multi-disciplinary team to review cases monthly. Representatives from social services (both CPS and foster care staff), attorneys, CASA (court-appointed child advocates), CAC staff and a Victim Witness Advocate review all cases that have completed a forensic interview in the prior month. The team members ensure that there is case collaboration and that children and families are linked to appropriate services. The team follows the guidelines of the National Children’s Alliance. As accredited CACs with National Children’s Alliance, the CHKD Child Abuse Program and Foothills CAC also conduct these multidisciplinary meetings. Wright comments, “The

training from the Learning Collaborative has helped pull our staff together. We are excited to include our MDT partners in this initiative so they can understand the potential effects of trauma on children and become a bigger part of the discussion about what treatment options are best for the child and family.”

The case manager system is crucial to the effectiveness of the CAC, according to Wright. “The case manager can implement screening tests to determine whether or not the children have trauma symptoms requiring treatment,” explains Wright. “This can be accomplished during the forensic interview. That way, if the child is in need of treatment, that child can be referred immediately.”

Wright is compiling a listing of clinicians who can offer trauma-focused treatment. She has a questionnaire for clinicians to complete and is including those in the Greater Richmond area who provide trauma-focused treatment. SCAN’s CAC refers clients to practitioners who are experienced in treating traumatized children and who provide evidence-based or evidence-informed trauma treatment. Wright is also enthusiastic about the work their CAC has done with Eliana Gil on Trauma Focused-Integrative Play therapy (TF-IPT) that combines expressive therapeutic interventions with cognitive-behavioral techniques. (Readers should note that there are not yet published studies to show the effectiveness of TF-IPT and the treatment lacks a scientific rating. Wright relates that data is currently being gathered.)

The Richmond CAC is one program of Greater Richmond Stop Child Abuse Now (SCAN). SCAN staff members are also trained to provide the Stewards of Children Program. They began in 2008 to present the Stewards of children trainings with one trained facilitator. To date, SCAN staff members have trained 951 people with 6 more trainings scheduled for November, 2012.

SCAN has also implemented a successful Prevent-a-thon week during April which is the National Child Abuse Prevention Month. April 2013 will mark the 5th Annual Prevent-a-thon. During this week,

SCAN has targeted various organizations such as before and after school providers as well as providing trainings to the public, all free of charge. SCAN currently provides one monthly training that is open to the public as well as any additional training that is requested. SCAN believes that the Stewards of children is one of the best prevention tools currently available and is committed to providing the workshops in the greater Richmond area.

These three Child Advocacy Centers are part of a larger group of 18 CACs throughout Virginia.

For more information on CACs in Virginia, contact:

Kay Kovacs, Executive Director, Children's Advocacy Centers of Virginia, PO Box 16834, Bristol, VA 24202 (276) 644-3371, FAX: (276) 644-3372, E-mail: kaycacva@bvunet.net

Web site: 173.254.28.17/~cacva.org/



Carole Campbell Swiecicki, Ph.D., INVEST for Children Project Director and clinical psychologist. She is the Mental Health Director at CHKD Child Abuse Program and an Assistant Professor of Child Abuse Pediatrics at Eastern Virginia Medical School. E-mail: carole.swiecicki@chkd.org or (757) 688-6100; FAX: (757) 688-6109, web site: www.chkd.org/services/childabuse/



Lisa Wright, LCSW, RPT, CTS, CAC Mental Health Program Coordinator for Greater Richmond SCAN. E-mail: LWright@grscan.com or (804) 643-7226; FAX: (804) 643-3529, web site: grscan.com



Shannon Noe, LPC, CTS, Youth Services Program Manager, Children, Youth, and Family Services, 1000 East high Street, Charlottesville, VA 22902, (434) 296-4118 x230, E-mail: snoe@cyfs.org)



Jennifer Kline, Program Coordinator, Foothills Child Advocacy Center, 1000 E. High Street, Suite A, Charlottesville, VA 22902 (434) 971-7233, E-mail: foothillsjk@gmail.com



Elissa J. Brown, Ph.D., Professor of Psychology at St. John's University. She is a nationally-recognized clinician, trainer, researcher and advocate for families exposed to trauma. E-mail: browne@stjohns.edu or (718) 900-2355; FAX: (718) 990-8228, web site: www.stjohns.edu/partners