Children's Advocacy Center 2021 Annual Report

April 7, 2022

Prepared by:
The Maine Coalition Against Sexual Assault,
Maine Network of Children's Advocacy Centers

Maine Department of Health and Human Services,
Office of Child and Family Services

Executive Summary

Pursuant to statute (22 MRSA §4019), the Maine Department of Health and Human Services (DHHS) reports annually to the Joint Standing Committee on Health and Human Services on the number of Children's Advocacy Centers (CACs), an overview of the protocols adopted by CACs, the effectiveness of the centers in coordinating both the investigation and prosecution of child sexual abuse, and the number of referrals of victims of child sexual abuse for treatment.[1] The following 2021 report highlights the CACs' most recent successes and demonstrates the importance of CACs in Maine's advocacy and investigatory systems.

Figure 1 These numbers reflect data collected for the 2021 fiscal year.

Maine began the statewide development of CACs in 2013 pursuant to 22 MRSA §4019, which affirms that CACs represent a response to child sexual abuse and assault that is nationally recognized and uses evidence-based best practices. CACs are child-focused, facility-based programs in which professionals from multiple disciplines, including law enforcement, child protection, prosecution, mental health, medical, victim advocacy, and child advocacy, work together to conduct interviews and make strategic decisions. Increased prosecution rates and more effective services for children and family members are just some of the benefits created by CACs' innovative approach to responding to child sexual abuse.[2] The CAC model has been found to be the most effective intervention for children and families involved in child sexual abuse investigations.[3]

The Maine Department of Health and Human Services (DHHS) has collaborated with Maine Network of Children's Advocacy Centers (the Network), a program of the Maine Coalition Against Sexual Assault (MECASA), since its inception in 2013. The goals of this shared initiative include:

- Work with existing CACs to help obtain and maintain national accreditation standards and standardize policies across CACs;
- Develop and review policies, screening tools, and caseworker training to identify and respond to Commercial Sexual Exploitation of Children (CSEC) victims; and
- Support efforts to develop and establish CACs to serve children and families in all parts of the state.

In the past year, the Network has worked with the Department and the University of Southern Maine's Muskie School of Public Service to improve the statewide response to CSEC. This partnership included the review of internal DHHS CSEC screening tools, the development of additional comprehensive online training as well as live lectures for caseworkers, the coordination of the first Statewide CSEC Response Forum for professionals in May of 2021, and the creation of the CSEC Coordination and Needs Assessment Tool for CACs.

The Department and the Network continue to support the Washington and Hancock Counties' Multi-Disciplinary Team (MDT) to open their CAC, known as the Downeast CAC. The Downeast CAC is slated to open in early 2022 in Machias and will provide services to children and non-offending caregivers in the region. The long-term goal for the Downeast CAC is accreditation by National Children's Alliance (NCA) with seventy-five percent of the child sexual abuse cases reported to the local district attorneys and the Department being referred to the CAC.

Introduction

Pursuant to statute (22 MRSA §4019), the Maine Department of Health and Human Services (DHHS) reports annually to the Joint Standing Committee on Health and Human Services on the number of Children's Advocacy Centers (CACs) in Maine, an overview of the protocols adopted by CACs, the effectiveness of the centers in coordinating both the investigation and prosecution of child sexual abuse, and the number of referrals of victims of child sexual abuse for treatment. The

[1] Title 22: HEALTH AND WELFARE; Subtitle 3: INCOME SUPPLEMENTATION; Part 3: CHILDREN; Chapter 1071: CHILD AND FAMILY SERVICES AND CHILD PROTECTION ACT; Subchapter 2: REPORTING OF ABUSE OR NEGLECT; http://legislature.maine.gov/statutes/22/title22sec4019.html

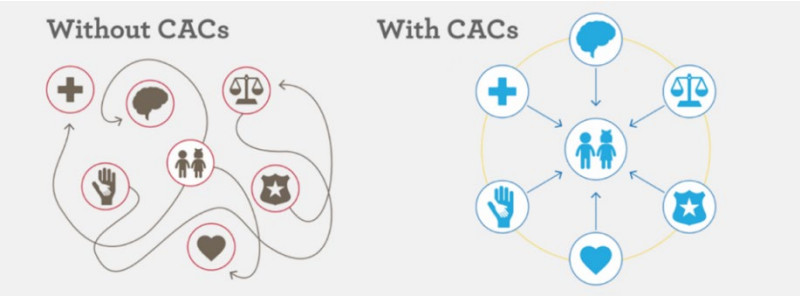
[2] Westphaln, K. K., Regoeczi, W., Masotya, M., Vazquez-Westphaln, B., Lounsbury, K., McDavid, L., Walsh, W. (2020). Outcomes and outputs affiliated with Children's Advocacy Centers in the United States: A scoping review. *Child Abuse & Neglect*. doi:10.1016/j.chiabu.2020.104828

[3] Cross, T.P., Jones, L.M., Walsh, W.A., Simone, M., Kolko, D.J., Szczepanski, J., et.al. (2008). *Evaluating children's advocacy centers' response to child Sexual abuse*. Bulletin. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, Department of Justice. August 2008.

following report highlights the CACs' most recent successes, challenges faced in 2021 as well as demonstrates the importance of CACs in Maine's advocacy and investigatory systems.

The Children's Advocacy Center (CAC) Model

How does the model work?



More than 76 percent of calls to sexual assault support centers' helplines relate to child sexual abuse and violence. Child sexual abuse is a crime that involves complex dynamics, and its impact can have lifelong consequences for victims and their caregivers. Investigations of child sexual abuse require the involvement of multiple agencies and disciplines, which can be confusing for children and their families. CACs aim to coordinate and streamline investigation, referrals, and follow up. This effort ensures that the intervention and response is timely, trauma- and evidence-informed, and victim-centered.

In the CAC model, when a mandated report or allegation of child sexual abuse is received, a member of law enforcement or Child Protective Services (CPS) will make a referral to the local CAC. CAC staff are responsible for coordinating the appointment at the CAC with investigators (including law enforcement and CPS), the District Attorney's office, the child, and the non-offending caregiver.

Once the child and their non-offending caregiver arrive at the CAC, a specially trained forensic interviewer (the person conducting the child's interview) meets with the investigators and the child's caregiver to discuss what is known about the case. Then, the forensic interviewer interviews the child using a developmentally appropriate, legally sound protocol, while other team members watch via closed-circuit television or another HIPAA-compliant video platform. The team members can unobtrusively alert the interviewer if they have additional questions as necessary. This process helps to ensure that each discipline gets the information it needs from the interview while reducing the number of interviews for the child.

During the child's interview, a family advocate meets with the non-offending caregiver to provide additional resources and referrals, answer questions, and talk about next steps. This wrap-around approach brings services and support to families instead of requiring families to navigate the systems alone. The family advocate can provide support during the forensic interview and can make referrals to a sexual assault advocate for ongoing support as the case progresses.

Multidisciplinary Teams

In addition to the streamlined forensic interview and family advocacy services, an essential function of the CAC includes the establishment of a collaborative and comprehensive Multidisciplinary Team (MDT), which includes local law enforcement, Child Protective Services, prosecution, and other key disciplines. The MDT establishes specific policies and protocols that help CACs provide the best possible services to child sexual abuse victims and their non-offending caregivers. Each CAC's policies and protocols are established in alignment with standards set by the National Children's Alliance (NCA).

MDT members conduct a unified investigation into allegations of child sexual abuse and make strategic decisions, thereby increasing prosecution rates and providing more effective services and supports for children and family members who have

been impacted by child sexual abuse.[4] In a 2008 study, the CAC model was found to be the most effective intervention for children and families involved in child sexual abuse investigations.[5]

The investigation and prosecution of child sexual abuse is extremely challenging for everyone involved, including the various professionals who are a part of the systemic response. The coordination that happens because of CACs is not only effective but also child-friendly and trauma-informed. Having resources and expertise offered as a cohesive service can help limit additional trauma that a child may experience from disclosing child sexual abuse and interacting with a disconnected set of systems. Additionally, this streamlined model provides built-in support and connection for professionals working to support children and families. The CAC model assists in reducing burnout by giving the professionals involved a reliable team to depend on during cases.

Figure 2: A word map consisting of the most frequently used terms in CACs' "Caregiver Follow-Up Surveys," which are offered to all caregivers after visiting their local CAC.

Research shows that survivors of sexual violence may face social and emotional challenges in addition to economic effects, such as increased medical costs and lower lifetime earnings.[6,7] The coordinated response to child sexual abuse is imperative to address the many challenges and mitigate some of the negative consequences of trauma that survivors will face after experiencing sexual violence.

CAC Effectiveness in Coordinating the Investigation and Prosecution of Child Sexual Abuse

- CACs recognize and respond to the specialized needs of child sexual abuse victims. Child sexual abuse victims who receive services at CACs are twice as likely to receive specialized medical exams[8] and more likely than those who are not engaged with a CAC to receive referrals for specialized mental health treatment.[9]
- CACs better meet the needs of non-offending caregivers. In a University of New Hampshire study, non-offending caregivers whose children were engaged in CAC services indicated higher rates of satisfaction than caregivers of children whose cases were investigated outside of the CAC system.[10]
- Coordinated investigations are more efficient, effective, and save money. A 2006 national cost-benefit analysis demonstrated that traditional investigations cost 36% more than CAC-coordinated investigations.[11] By streamlining the investigation process, CACs can save as much as $1,000 per case.[12]

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4 Westphaln, K. K., Regoeczi, W., Masotya, M., Vazquez-Westphaln, B., Lounsbury, K., McDavid, L., Walsh, W. (2020). Outcomes and outputs affiliated with Children's Advocacy Centers in the United States: A scoping review. *Child Abuse & Neglect*. doi:10.1016/j.chiabu.2020.104828

5 Cross, T.P., Jones, L.M., Walsh, W.A., Simone, M., Kolko, D.J., Szczepanski, J., et.al. (2008). *Evaluating children's advocacy centers' response to child Sexual abuse*. Bulletin. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, Department of Justice. August 2008.

6 Fang, X., Brown, D.S., Florence, C.S., & Mercy J.A. (2012). *The economic burden of child maltreatment in the United States and implications for prevention.* Child Abuse and Neglect, 36(2), 156-165.

7 Currie, J. & Widom, C.S. (2010). *Long term consequences of child abuse and neglect on adult economic well-being*. Child Maltreatment, 15(2), 111-120.

8 Walsh, W.A., Lippert, T., Cross, T.E., Maurice, D.M. & Davison, K.S. (2007). Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers. *Child Abuse and Neglect, 31*(10): 1053-1068.

Smith, D.W., Witte, T.H., & Fricker-Elhai, A.E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment, 11*(4): 354-60.

Edinburgh, L., Saewyc, E., Levitt, C., (2008). Caring for young adolescent sexual abuse victims in a hospital-based children's advocacy center. *Child Abuse & Neglect 32*(12): 1119-112.

9 Ibid.

10 Jones, L.M., Cross, T.P., Maurice, D.M., & Davison, K.S. (2008). How long to prosecute child sexual abuse for a community using a children's advocacy center and two comparison communities? Child Maltreatment, 13(1), 3-13.

Herbert, J. L., & Bromfield, L. M. (2020). A quasi-experimental study of the Multi-Agency Investigation & Support Team (MIST): A collaborative response to child sexual abuse. *Child Abuse & Neglect*. Online ahead of print. https://doi.org/10.1016/j.chiabu.2020.104827

11 Formby, J., Shadoin, A.L., Shao, L, Magnuson, S.N., & Overman, L.B. (2006). *Cost-benefit analysis of community responses to child maltreatment: a comparison of communities with and without child advocacy centers*. Research Report No. 06-3, National Children's Advocacy Center, Huntsville, AL.

12 Ibid.

- CAC case coordination and MDT participation is correlated with higher rates of child sexual abuse prosecutions. In a recent Texas A&M University analysis of 553 cases of alleged child sexual abuse, logistic regression was used to evaluate the use of CAC case coordination and multi-disciplinary teams among law enforcement and CPS as they relate to prosecutorial decisions. The number of these participants at MDT meetings was directly correlated with an increase in prosecutorial acceptance rates of approximately 30%. The inclusion of the prosecutor in MDT meetings was correlated with an increase in case acceptance rates of approximately 80%.

Measuring the effectiveness of CACs is a shared goal at the local and national levels. For that reason, the National Children's Alliance has established the national Outcome Measurement System (OMS). The system includes tools to measure the effectiveness and impact of CAC services as well as the effectiveness of the MDTs, which form the backbone of the local CACs. The OMS provides a standardized way for both teams and CACs to identify their areas of strength, as well as those in need of improvement. CACs use the OMS data to ensure that services are of the highest quality.

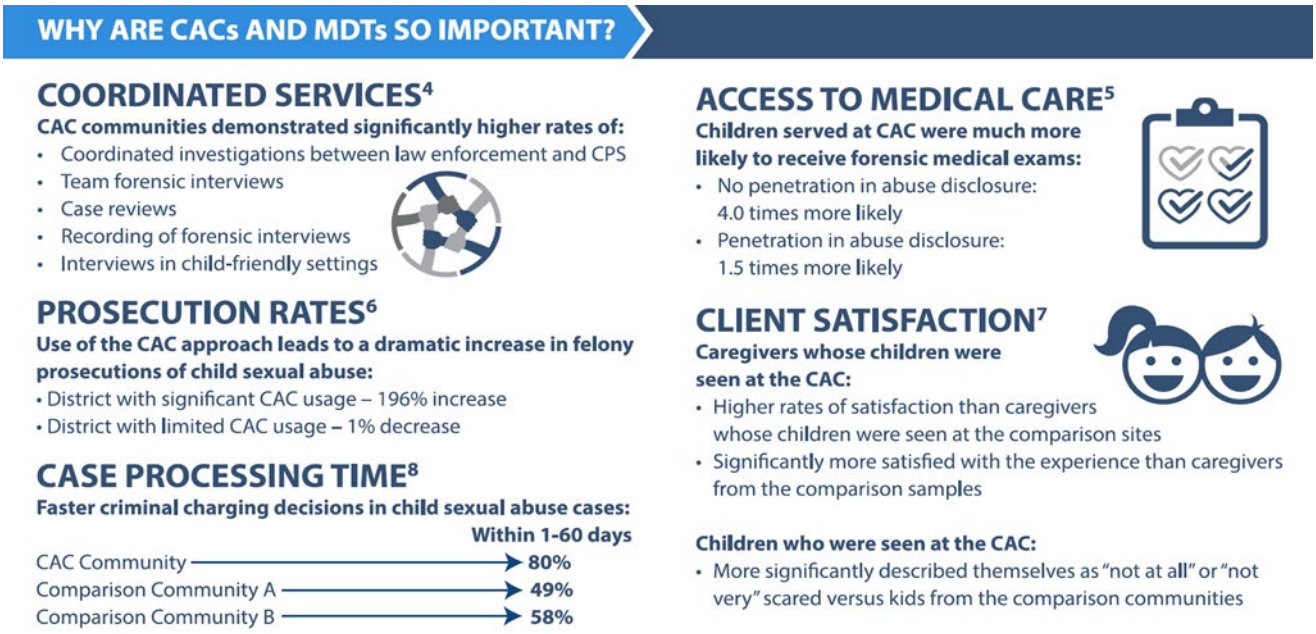


Figure 3 This infographic is courtesy of the National Children's Advocacy Center.

CACs in Maine

Maine began the statewide development of CACs in 2013 pursuant to 22 MRSA §4019, which affirms that CACs represent a response to child sexual abuse and assault that is nationally recognized and uses evidence-based best practices. The Maine Department of Health and Human Services (DHHS) has collaborated with the Maine Network of Children's Advocacy Centers (the Network), a program of the Maine Coalition Against Sexual Assault (MECASA), since its inception in 2013. The goals of this shared initiative include:

- Supporting efforts to develop and establish CACs to serve children and families in all parts of the state;
- Working with existing CACs to help obtain and maintain national accreditation standards and standardize policies across CACs; and
- Developing and reviewing policies and screening tools to identify and respond to Commercial Sexual Exploitation of Children (CSEC) victims.

Where Are Maine's CACs located and which communities do they serve?

Maine currently has seven operational CACs, four of which are nationally accredited by NCA. The newest CAC, Downeast Child Advocacy Center, will be operational in 2022 and will serve Washington and Hancock Counties. All operational CACs maintain rigorous standards for forensic interviewing and advocacy and continue to build their MDT's capacity and community buy-in.

The nationally accredited centers include:

- The Children's Advocacy Center of Androscoggin, Franklin, and Oxford Counties;
- The Children's Advocacy Center of Kennebec and Somerset Counties;
- The Cumberland County Children's Advocacy Center; and
- The Children's Advocacy Center of York County.

The other centers include:

- The Penquis Children's Advocacy Center (serving Penobscot and Piscataquis Counties);
- The Midcoast Children's Advocacy Center (serving Lincoln, Knox, Waldo, and Sagadahoc Counties);
- The Aroostook CAC; and
- The Downeast CAC (serving Washington and Hancock Counties).

These four non-accredited CACs are all currently working toward national accreditation with the support of the Network.

The CAC of Androscoggin, Franklin, and Oxford Counties was the first CAC in Maine and began to offer services in 2008. This program was instrumental in the widespread adoption of the CAC model, which began in earnest in 2013 with the passage of 22 MRSA §4019. Formed because of the law, the Network set the goal of promoting the development, growth, and utilization of CACs and MDTs to provide support to Maine's sexually abused children and their families. The Network, nationally accredited by the NCA in 2014 and reaccredited in 2020, provides support for Maine's local CACs through resource sharing, training, technical assistance, public policy advocacy, and statewide communication efforts.

Maine CACs in Federal Fiscal Year 2021

Department Improvements to CSEC Response and Training

MECASA and the Network have worked with the Department of Health and Human Services to support the development of policies and trainings on responding to children suspected of being trafficked. In 2020, in partnership with the Department, MECASA contracted with the Cutler Institute to study Maine's efforts to fulfill the obligations laid out by federal H.R. 4980 and in its goal to support child sex trafficking victims.

In the past year, the Network has worked with the Department and the University of Southern Maine's Muskie School of Public Service to improve the statewide response to CSEC. This partnership included the review of internal DHHS CSEC screening tools, the development of additional comprehensive online training as well as live lectures for caseworkers, the coordination of the first Statewide CSEC Response Forum for professionals in May of 2021, and the creation of the CSEC Coordination and Needs Assessment Tool for CACs.

On October 18, 2021, a statutory change created by LD 837 "An Act To Ensure That Definitions in the Child and Family Services and Child Protection Act Comply with State and Federal Law" has aligned Maine law with federal legislation (H.R. 4980, known as the "Preventing Sex Trafficking and Strengthening Families Act"). The federal law requires that states engage in a range of steps to protect children experiencing sex trafficking, including creating policies and procedures to identify, document, and determine appropriate services for children who the state has reasonable cause to believe are, or who are in fact, being trafficked for sex. The statutory change in Maine expanded Child Protective Services' ability to intervene in cases where a child is being exploited by a person other than their guardian or caregiver.

Downeast CAC Development

The Department and the Network continue to provide support to the Washington and Hancock Counties' MDT to open their operational CAC, known as the Downeast CAC. The Downeast CAC is slated to open in 2022 in Machias and will provide services to children and non-offending caregivers in the region. The long-term goal for the Downeast CAC is accreditation by NCA, which includes meeting the requirement that at least 75% of the child sexual abuse cases reported to the local district attorneys and the Department are referred to the CAC.

Implementation and Learning from Implicit Bias Training

The Maine Coalition Against Sexual Assault and the Network coordinated implicit bias trainings for CACs and their MDTs throughout Maine in 2021. Implicit bias is a form of bias that automatically and unintentionally occurs that actively affects a person's decisions and judgements. This training is crucial for professionals supporting children and non-offending caregivers during the investigation of alleged sexual abuse because implicit bias can lead to lower quality investigations, fewer referrals, and fewer connections to resources, as well as the fostering of an unwelcoming environment.

Maine-based organization Mindbridge's Implicit Bias Project is a comprehensive training program founded upon psychological and neurobiological sciences. Each training series contains:

- A review of the neuropsychology of implicit bias;
- An exploration of the ways in which our social identities, lived experiences and historical-structural circumstances shape implicit bias and our relationship to it;
- An initial introduction to implicit bias mitigation and how best to move from intention to practice; and
- Personalized strategies to meet the needs of the individual organizations and public sectors seeking to create more just and equitable environments.

Throughout each workshop or seminar series, neurobiological research is explored in tandem to structural, institutional, and cultural efforts already underway to dismantle structures of oppression.

The first series included participation of seven MDTs from across the state with a broad swath of professionals, including Child Protective Services, victim advocacy, mental health services, and law enforcement. After each MDT received basic implicit bias training, the Network coordinated fourteen more tailored trainings built upon the concepts with implicit bias training on advanced subjects, such as:

- Foundations of Anti-Racism: Power, Privilege, and Difference;
- Gender Violence and Dimensions of the LGBTQIA+ Experience; and
- Integrating Anti-Bias and Anti-Racist Practices.

These advanced, clinical style trainings helped MDT members practice the skills learned in the basic Implicit Bias Project course while also engaging in new conversations about race, sexual orientation, and privilege that will benefit the communities and youth they serve. MDT members had the following feedback about these seminars:

- "It felt empowering and gentle to learn in this manner. This was the best training I have had covering these considerations, awareness, and insight."
- "The trainers were very knowledgeable about the topic and made me feel safe to share and ask questions."
- "Thank you for your insights and for providing a safe space where I felt I could be vulnerable, stumble over my words, and reflect on some of my shortcomings. I believe this type of learning cannot happen if the environment is not safe, supportive and encouraging like the one provided."

As these trainings continue to be offered around the state, more CACs and their MDTs will have the opportunity to examine personal and professional implicit biases to better serve their communities.

Commercial Sexual Exploitation of Children (CSEC) Statewide Response Forum

On May 26, 2021, the Network coordinated the first statewide forum for Maine's MDTs responding to CSEC. The forum included presentations on regional approaches to serving CSEC survivors, a discussion of the Cumberland County CAC's CSEC Coordinator and MDT partnership, and opportunities for regional teams to coordinate and improve their response to CSEC survivors in their communities. The forum included 124 participants including sexual and domestic violence advocates, shelter staff, mental health clinicians, substance abuse advocates, legal service lawyers and administrative staff, refugee and immigrant services professionals, medical providers, faith-based leaders, law enforcement, prosecution, and child protective services. Over ninety percent of attendees agreed that they better understood the benefits of a coordinated, youth centered, CSEC multidisciplinary response, and seventy-five percent of attendees said they better understood their MDT's specific plan to implement protocol particular to CSEC cases.

Cumberland County Children's Advocacy Center Commercial Sexual Exploitation of Children (CSEC) Coordinator Funding

The Department and the Network helped to fund the Cumberland County Children's Advocacy Center's (CCCAC) Commercial Sexual Exploitation of Children (CSEC) Coordinator position in 2021. CCCAC was opened in 2015 and is a program of the Spurwink Center for Safe and Healthy Families in collaboration with Sexual Assault Response Services of Southern Maine. CCCAC hired the current CSEC Coordinator in 2019; she facilitates a multi-disciplinary team (MDT) response to these cases and provides outreach and education to partners about identifying and responding to CSEC.

A CSEC Coordinator plays a unique role at the CAC. CSEC Coordinators are specially trained in working with survivors of sexual exploitation and trafficking and have dedicated resources and capacity to convene MDTs and to support youth long-term. CSEC cases are often more labor intensive than many of the other sexual abuse cases seen by the CAC as survivors are often not ready for an interview immediately and require more connection with specialist resources across their community and the state. When CSEC is suspected and a referral is made to the CCCAC, the CSEC Coordinator convenes the MDT, which initiates a rapid, high-quality investigation, provides access to comprehensive services, and activates a protocol that involves MDT members planning a response and care plan. MDT members may include law enforcement, Child Protective Services, prosecutors, and partners from community organizations. The response may include family notification and meetings, a forensic interview, support for the suspected victim, and a risk and stability assessment. The MDT develops a unique care plan for the youth based on their specific needs, often determined by an interview and medical and/or mental health evaluations. The CSEC Coordinator then facilitates the team as they create and carry out a plan to address the youth's mental and physical health needs, ensure stable housing and care, and reduce risk of continued victimization.

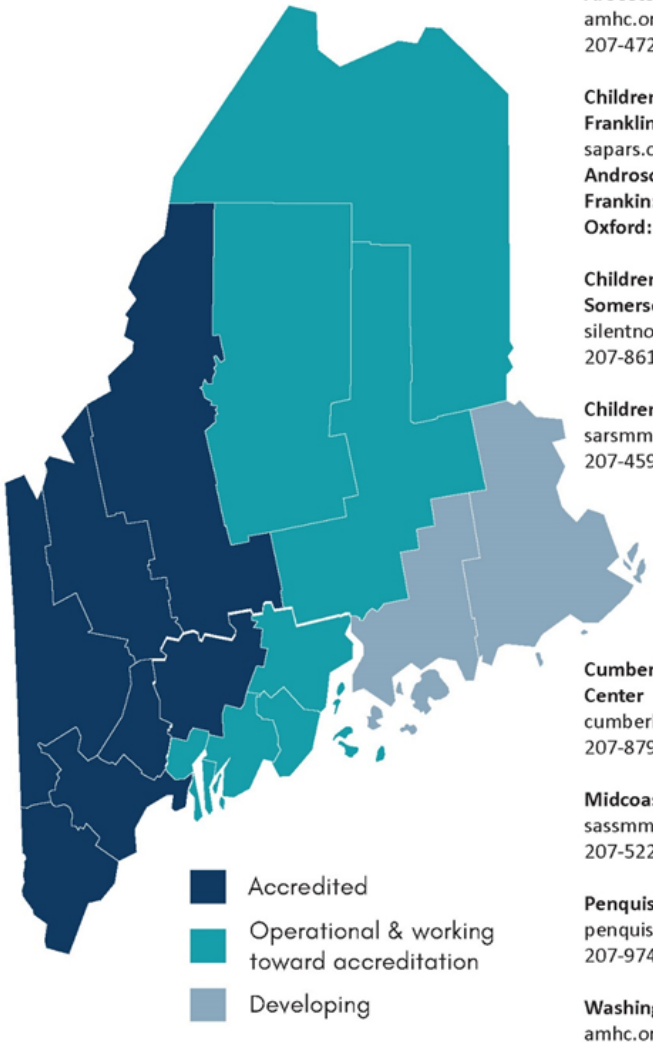
When the CSEC program started in April 2019, the CCCAC had eleven CSEC cases. As of September 2021, the CSEC Coordinator has seen forty-three cases since the program's inception. In addition to managing the exponential growth in referrals, the CSEC Coordinator has provided trainings to partners, including law enforcement, Child Protective Services, case managers, public school counselors, school personnel, prosecutors, medical providers, crisis workers, and other CACs.

To learn more about Maine's Children's Advocacy Centers and the Network, please visit cacmaine.org.

Appendix A: Maine Children's Advocacy Centers Catchment Area Map

MAINE NETWORK OF CHILDREN'S ADVOCACY CENTERS

Maine's Children's Advocacy Centers



Aroostook County Children's Advocacy Center
amhc.org
207-472-6134

Children's Advocacy Center of Androscoggin, Franklin, and Oxford Counties
sapars.org/cac
Androscoggin: 207-784-0436
Frankin: 207-778-9777
Oxford: 207-739-1228

Children's Advocacy Center of Kennebec & Somerset Counties
silentnomore.org/cac.html
207-861-4491

Children's Advocacy Center of York County
sarsmm.org
207-459-2380

Cumberland County Children's Advocacy Center
cumberlandcountycac.org
207-879-6160

Midcoast Children's Advocacy Center
sassmm.org
207-522-7162

Penquis Children's Advocacy Center
penquiscac.org
207-974-2469

Washington/Hancock Children's Advocacy Center
amhc.org
Washington: 207-454-0775
Hancock: 207-667-6890

Appendix B: Maine Children's Advocacy Centers FY 2021 Referrals by Month