

Chapter 8

Child Advocacy Center

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ABSTRACT

The nature of a visit to a child advocacy center (CAC) following an allegation of child abuse has the potential to be challenging for children and their non-offending caregiver for a variety of reasons. Within a CAC, Certified Child Life Specialists are able to call upon their unique skill set to support children throughout the many elements of a forensic evaluation process. In an effort to reduce anxiety, enhance coping, and provide developmentally appropriate play and education opportunities for children in this setting, child life specialists serve as integral members of the multidisciplinary team (MDT). In their active role, child life specialists are able to collaborate with community MDT members to creatively and effectively support children throughout the forensic evaluation process. The need for child life involvement in CACs and during the investigative forensic evaluation process is highly valuable when reflecting on the benefit and overall experience for children and their families.

INTRODUCTION

Child abuse and neglect occur in every social class. According to the Centers for Disease Control and Prevention (2022), 1 in 7 children has experienced child abuse or neglect in the past year. More than four million reports are made each year to child protection agencies in the United States when there is concern for a child's safety and well-being (Childhelp, n.d.). After a report is made, if it is accepted, an investigation follows. Not all investigated reports are substantiated: the 2020 Maltreatment Report indicates the victimization rate is just under nine victims per 1,000 children in the U.S. population (U.S. Department of Health & Human Services, Children's Bureau, 2022, p. 20). The investigative process that follows a report of child abuse has great potential to be traumatic for a child and their caregivers. The involvement of Certified Child Life Specialists (CCLS) can drastically reduce the negative impact of the investigation of children. Certified Child Life Specialists possess knowledge and clinical skills

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that enhance the child's ability to engage during the investigative process. They also support the critical roles of the non-offending caregiver, forensic interviewers, medical providers, and other multidisciplinary team members.

COMMUNITY RESPONSE TO CHILD ABUSE ALLEGATIONS

Although each state's definition of child abuse may vary, federal legislation informs these definitions. The U.S. Department of Health & Human Services, Children's Bureau (2022) summarizes the federal Child Abuse Prevention and Treatment Act to describe child abuse as "any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation," or sex trafficking of a child (p. 17). Child sexual abuse is defined as sexual activity with a child by an adult, adolescent or older child (Prevent Child Abuse America, n.d.). About 90 percent of child victims know their abuser, but not all perpetrators are in a caretaking role. There are times the perpetrator is also a minor who may be older and more powerful than the victim (Finkelhor, 2012). Additionally, sexual abuse can involve both contact and non-contact incidents. Exposure to pornography and communication in a sexual manner online is also considered child abuse.

A report of suspected child abuse to a child protection agency triggers a response from a multidisciplinary team of professionals. Experts across many disciplines, including but not limited to child protection, law enforcement, medicine, forensic interviewing, victim advocacy, mental health, and child life, are likely involved in the multidisciplinary team response. These professionals are responsible for investigating the abuse allegation and offering services to the child victim and their non-offending caregivers. Ideally, a child advocacy center (CAC) manages the multidisciplinary team response to ensure that high-quality, comprehensive care is delivered in child-friendly environments (National Children's Alliance, n.d.). In the absence of a coordinated effort from a CAC, children may be interviewed by the multidisciplinary team, who may not have the training to gather information from a child in a developmentally appropriate way. In the child advocacy center model, children participate in an evaluation process that includes a forensic interview with a specially trained professional and a non-urgent forensic medical evaluation from a child abuse pediatrician or other specially trained practitioners. Forensic interviews are recorded and observed in real-time by other multidisciplinary team members involved in a child's case to prevent the need to interview a child multiple times. After the forensic evaluation is completed, information is shared among the multidisciplinary team to effectively care for and support the child and caregivers throughout this process.

Many child advocacy centers work to become accredited through the National Children's Alliance (NCA) by exhibiting service excellence across 10 different standards of practice (National Children's Alliance, n.d.). While accredited CACs are compelled to demonstrate how they oversee the multidisciplinary team and ensure that each standard of practice is upheld, the specific organizational structure and the nature of providing services for each child advocacy center varies across rural, suburban, and urban communities (Westphaln et al., 2021). Differences among CACs exist regarding the number of agencies that are located at each CAC, how many services are offered on-site, and whether services are delivered by CAC staff members or by partner agency staff (Herbert et al., 2018). Despite these differences across CACs, a universal goal is to foster cross-agency work.

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