

Mission, Challenges, and Opportunities



**Children's Advocacy
Centers of Kentucky**

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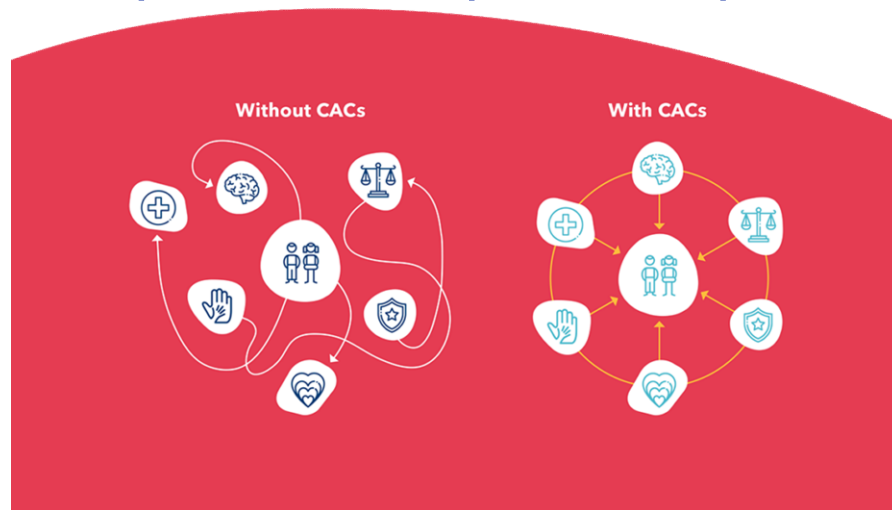
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Children's Advocacy Centers of Kentucky (CAC- Kentucky)

- Established to promote, assist and support the development, growth and continuation of Children's Advocacy Centers in the Commonwealth of Kentucky
- Coalition of fifteen designated regional centers serves a network of service providers who share expertise and resources that work to enhance the lives of children in all areas of Kentucky

Response to child abuse is complex and requires multiple disciplines

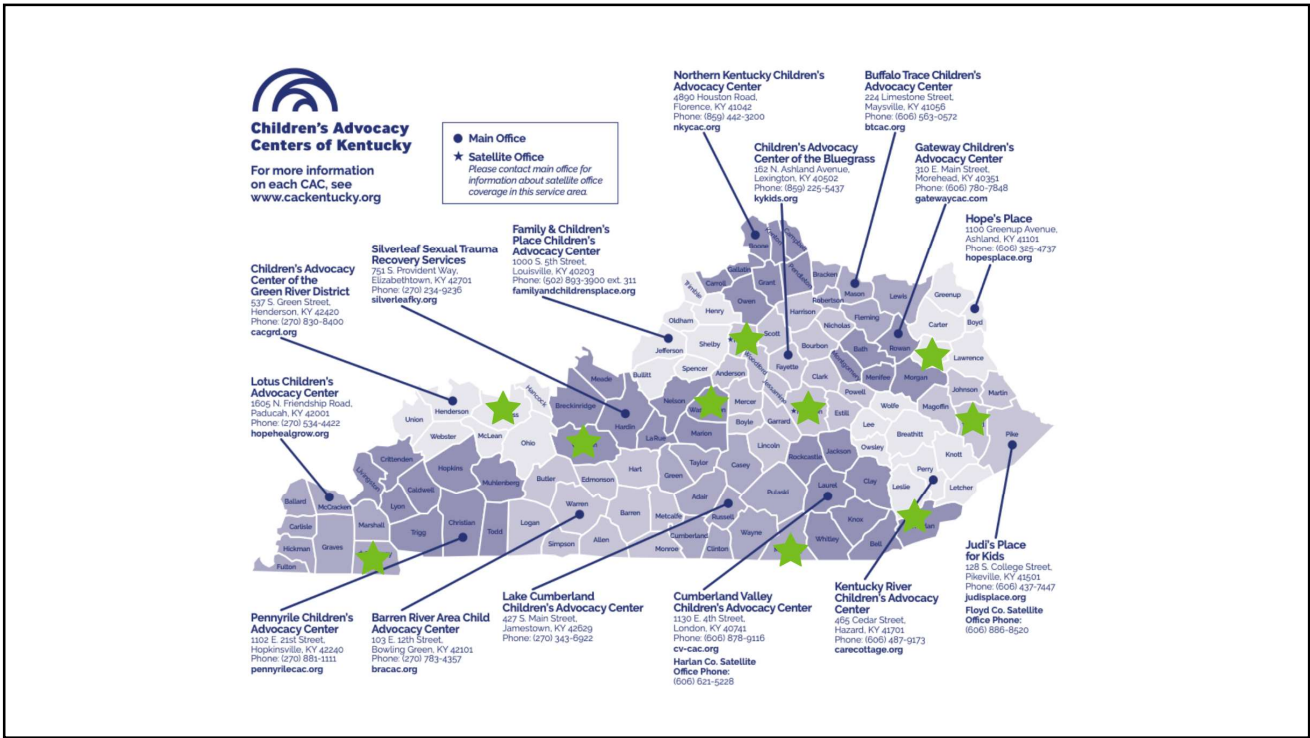


Definition of a Children's Advocacy Center KRS 620.020 (4) : An agency that

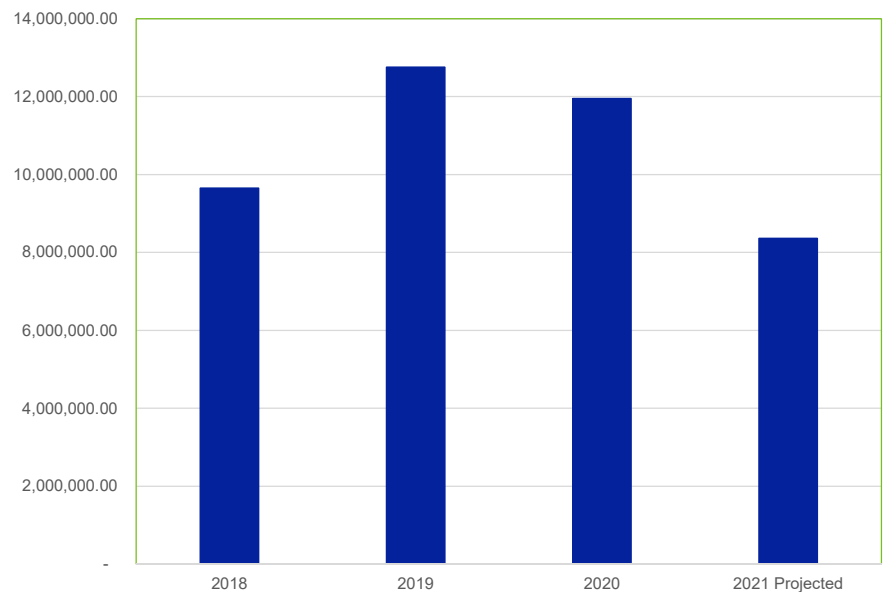
- advocates on behalf of children alleged to have been abused;
- assists in the coordination of the investigation of child abuse by providing a location for forensic interviews and medical examinations
- promotes the coordination of services

Definition of a Children's Advocacy Center - continued

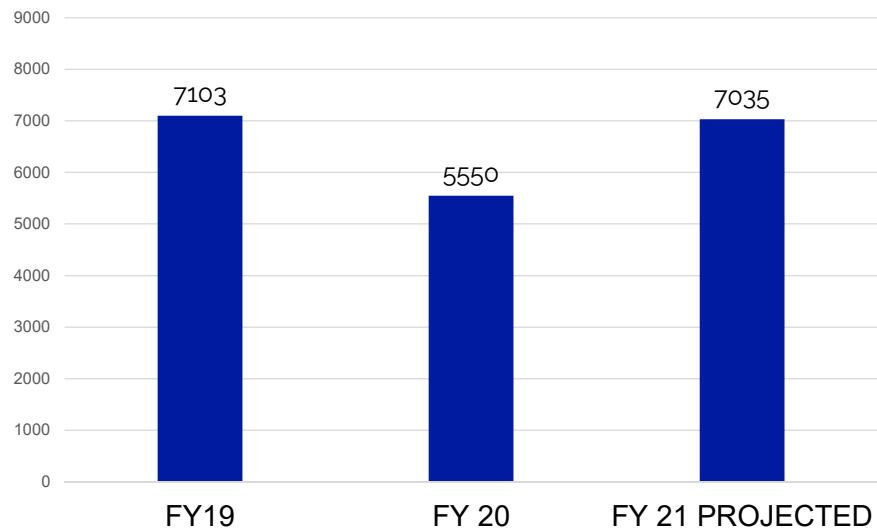
- provides, directly or by formalized agreements, services that include, but are not limited to,
 - forensic interviews
 - medical examinations
 - mental health and related support services
 - court advocacy
 - consultation
 - training
 - and staffing of multidisciplinary teams.



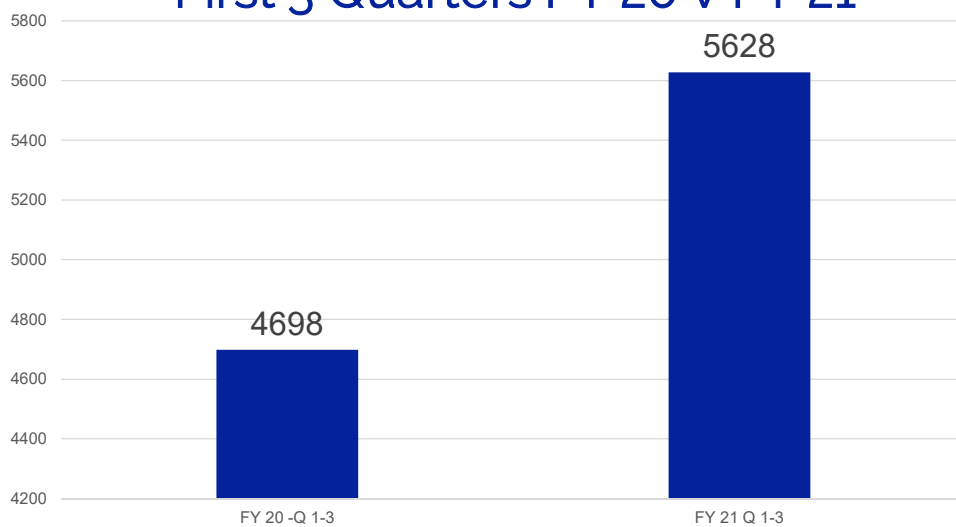
VOCA Award Amounts to CACs by Year



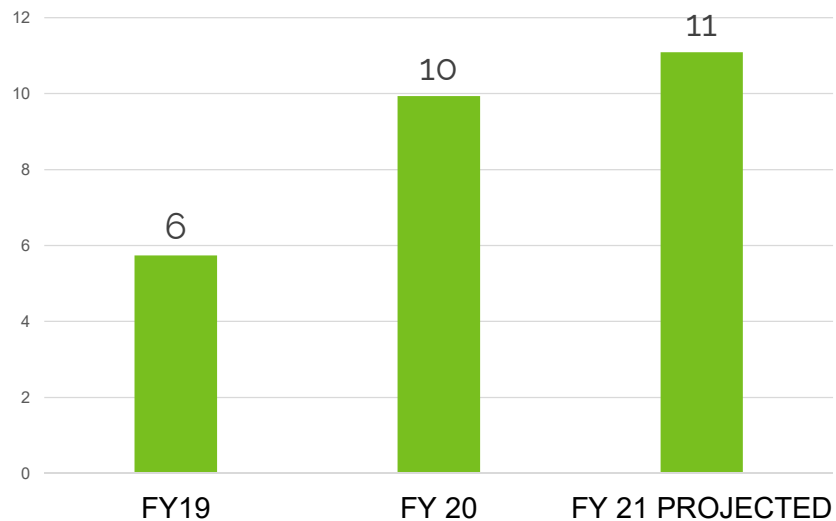
Trends in Children Served



Comparison – Children Served First 3 Quarters FY 20 v FY 21



Comparison – Average Victim Advocacy/ Case Management Contacts per child



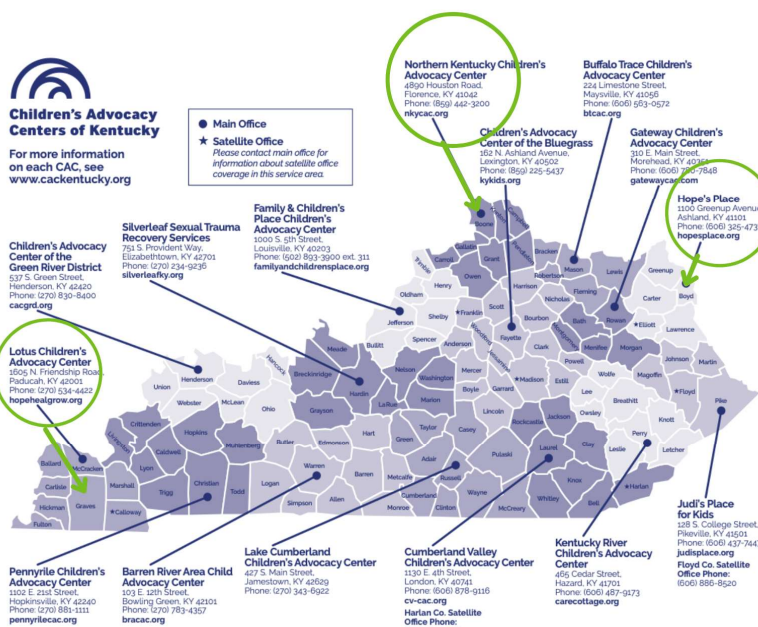
A Multidisciplinary Team KRS 620.040 (7)(c)

- Ensures the immediate and future safety of the child victim
- Minimizes further trauma or revictimization
- Assists in the healing of the child victim
- Increases the quality of sexual abuse investigations
- Facilitates efficient and appropriate disposition of cases through the criminal justice system

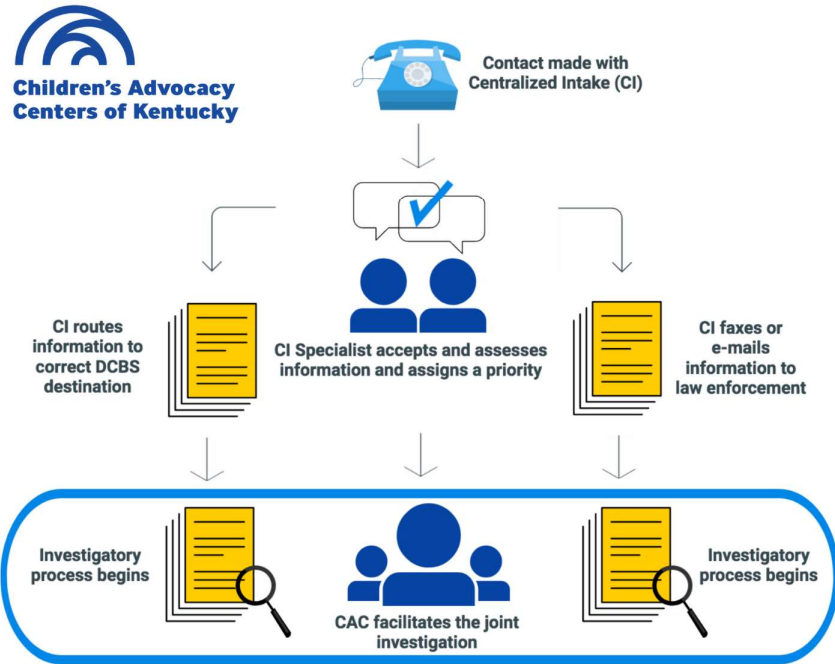
Members of the Multidisciplinary Team

- Prosecutors
(Commonwealth/County Attorneys)
- Law Enforcement
- Child Protective Services
(Department for Community Based Services/ Division of Protection and Permanency)
- Medical Professionals
- Mental Health Professionals
- Victim Advocates
- Children's Advocacy Center staff
- Education professionals

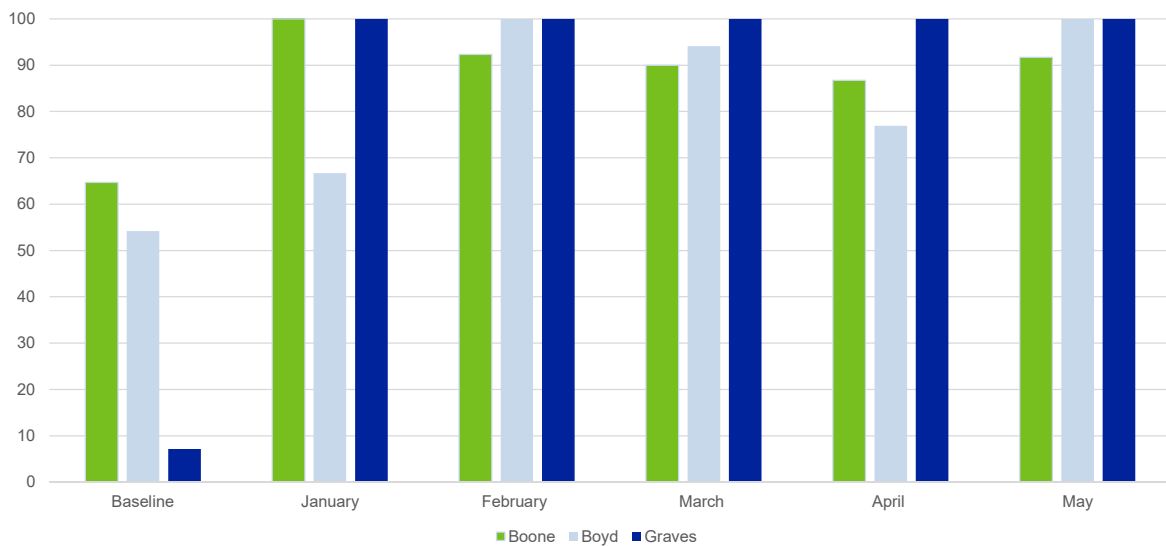
Pilot Children's Advocacy Centers and County – Multidisciplinary Enhancement Project

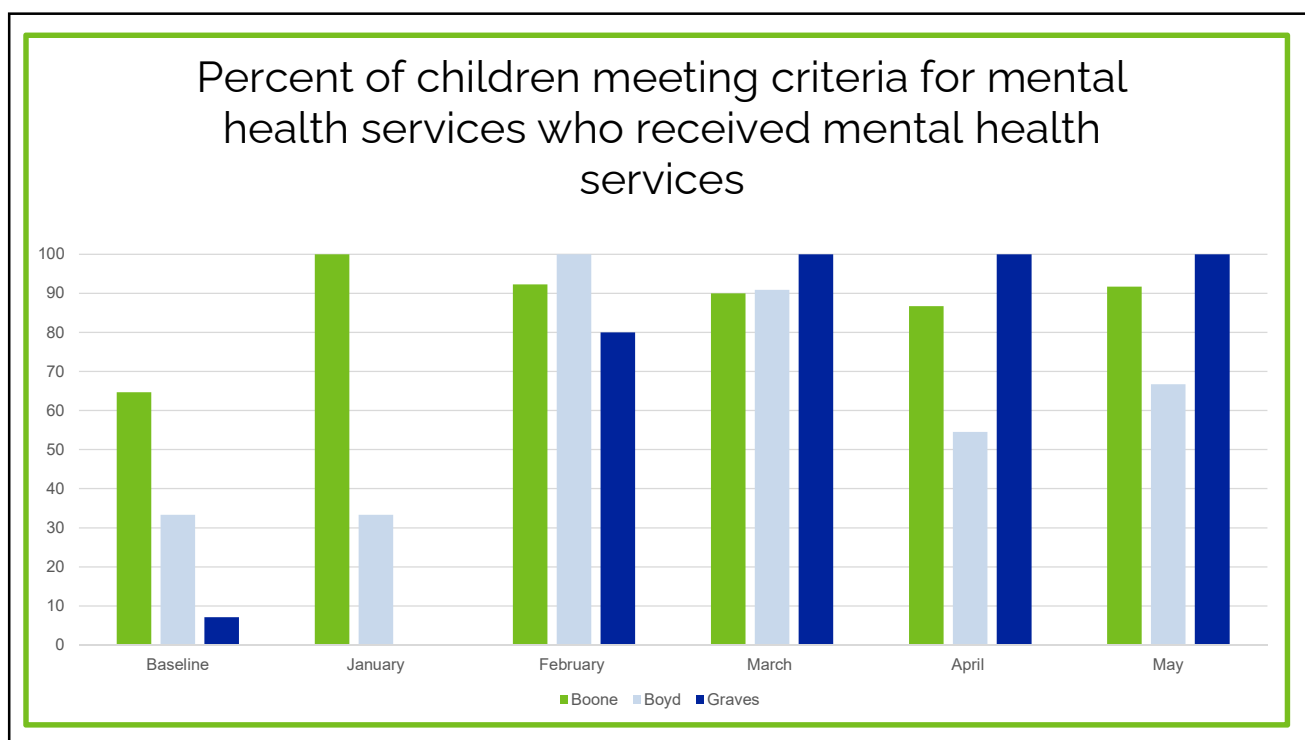
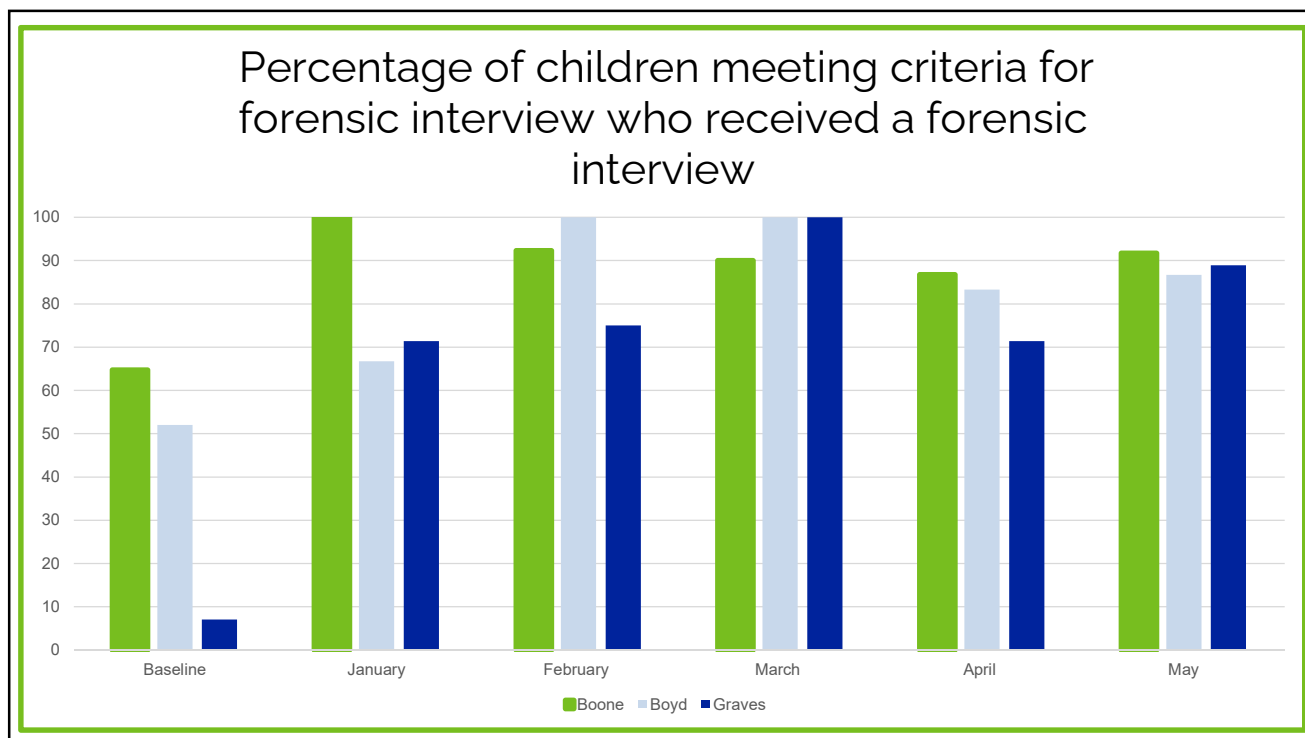


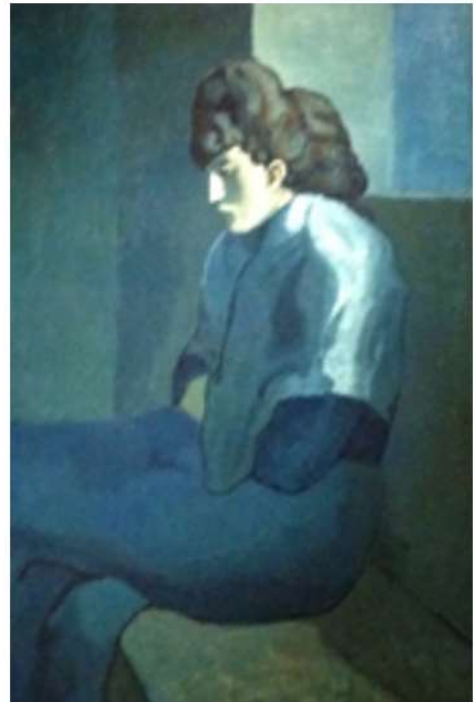
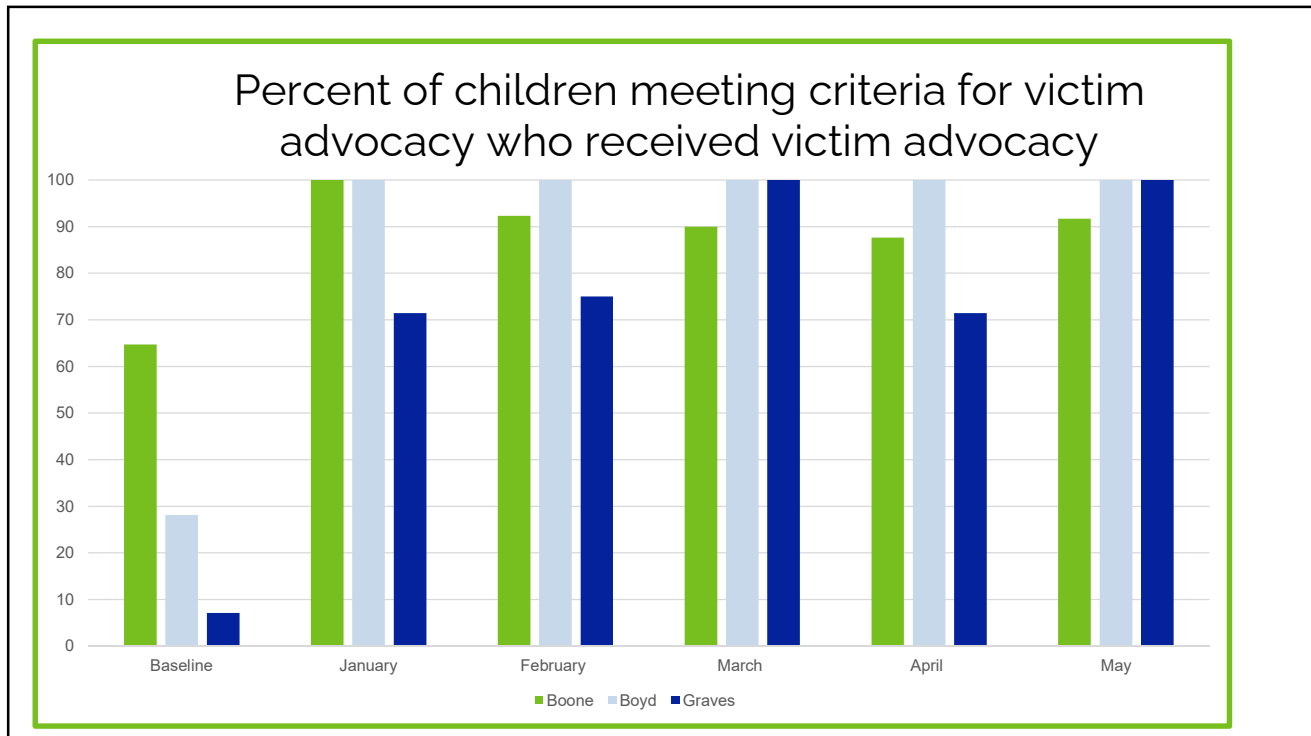
Centralized Intake Initiative



Percent of Reports Receiving Multidisciplinary Team Response





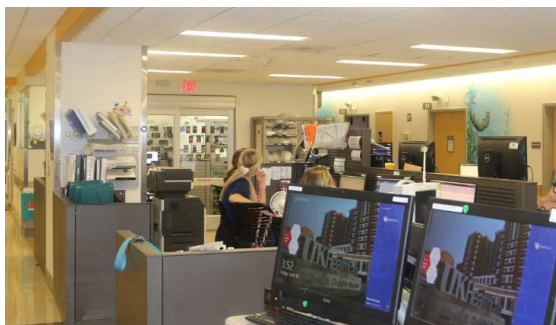


Objectives

- Discuss why CAC medical examinations are essential
- Examine how CAC medical clinic work has been impacted by the COVID-19 pandemic
- Address some opportunities for growth on the horizon

Medical Care

Emergency Department



Children's Advocacy Center



Medical Care

Emergency Department



Children's Advocacy Center



Medical Care

Emergency Department

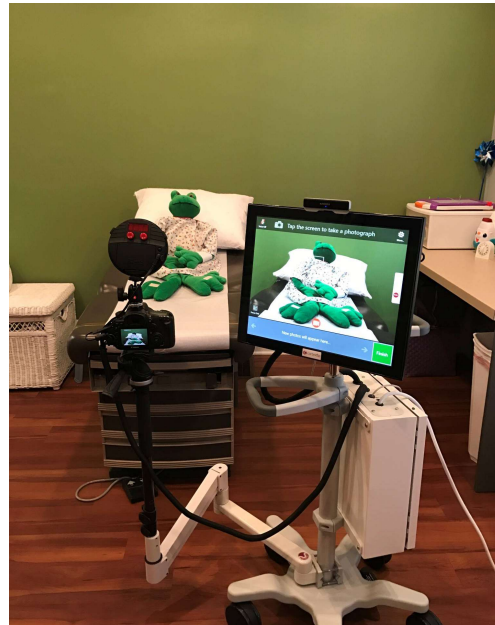


Children's Advocacy Center



State of the Art Medical Equipment

Cortexflo for photo
documentation of
injuries



Do No Harm



GOAL:

- Experienced, qualified examiners provide comprehensive, child focused, developmentally appropriate, trauma informed medical exams.
- Exams are photo-documented to minimize unnecessary repeat examinations.
- Photo documentation allows for peer review of examination findings and can facilitate consultation with another specialist when needed.

Medical Providers At CACs

- Receive special training
- Are required to have ongoing continuing medical education
- Peer review findings
- Keep up to date on child sexual abuse medical literature

Purpose of the Medical Evaluation are Myriad

- To gather biologic and trace evidence when appropriate
- To perform head to toe examination
- To identify and treat infection
- To identify evidence of injury
- To look for other explanations for medical findings
- To assess the child for any physical findings needing further evaluation and treatment; refer as needed
- To assess the child for any developmental, emotional, or behavioral problems needing further evaluation and treatment and make referrals if necessary
- To reassure the child and family, as appropriate

Medical Examinations Are Sometimes Necessary at the CAC after the Child was seen by another Healthcare Provider

- Obtain clinical photography for an abnormal finding or injury that was identified
- Assess healing of an injury
- Clarify an unclear finding
- Reassess a finding that was identified by an inexperienced examiner
- Provide the patient with STI testing results and perform additional STI testing if necessary
- Discuss and the results of the medical exam that occurred outside of the CAC with the patient
- Prescribe additional HIV nPEP to complete a full 28-day course
- Monitor adherence with treatment recommendations
- Address patient's mental health
- Assess the patient's continued safety

Adverse Childhood Experiences (ACEs)



CDC

Negative Health Outcomes Associated with ACEs (CDC)



Long Term Effects of Sexual Abuse

- Chronic health problems (heart diseases, cancer, obesity)
- Low self-esteem
- Suicide attempts
- School academic difficulties/ school failure
- Prostitution

Long Term Consequences of Sexual Abuse

- The total lifetime economic burden of child sexual abuse in the United States in 2015 was estimated to be at least \$9.3 billion. (CDC)

The CAC Medical Provider's Work Doesn't End When the Child Leaves the Office

- The medical provider must communicate their impression and the results of their findings to community partners (other healthcare providers responsible for follow up care, law enforcement and social services investigators, prosecutors).
- The medical provider generates a detailed report that is used in court.
- The medical provider must assess and interpret lab results.
- The medical provider may need to peer review findings.

How it works: The CAC Model in Kentucky



Advantages of Multidisciplinary Team (MDT) approach

- Local professionals can coordinate investigations to result in better outcomes in the court system.
- Collaboration among local MDT members provides for more immediate and long-term safety and security for the child.
- Utilizing the MDT approach provides a holistic, trauma-informed support system to assist the child in the healing process.
- When local MDTs function as intended, regular meetings provide the opportunity for accountability and can reduce the trauma of unnecessarily interviewing the child multiple times.

Members of the Multidisciplinary Team

- Prosecutors
(Commonwealth/County Attorneys)
- Law Enforcement
- Child Protective Services
(Department for Community Based Services/ Division of Protection and Permanency)
- Medical Professionals
- Mental Health Professionals
- Victim Advocates
- Children's Advocacy Center staff
- Education professionals

The Role of the Medical Professional in the MDT Case Review

- Make recommendations regarding the need for a child to receive medical services and help determine when and where those services should be obtained
- Help investigators understand the medical findings and lab results (including medical documents and labs obtained elsewhere that pertain to the investigation)
- Sometimes unexpected findings are identified that are helpful to either an investigation or the child's physical health and well being
- Help investigators and community partners understand why an exam may be normal or abnormal

Child Sexual Abuse Statistics

- The true scope of the problem may better be reflected in retrospective surveys of adults. (Finkelhor)
- Research conducted by the Centers for Disease Control (CDC) estimates that approximately 1 in 13 boys and 1 in 4 girls experience some form of sexual abuse in childhood.



Adolescent Sexual Abuse

- Teens 16 to 19 years of age were 3 ½ times more likely than the general population to be victims of rape, attempted rape, or sexual assault.
- Surveys of high school students indicate that 10% of females and 3 to 7 % of males report forced sex.
- Teens may be victims of intrafamilial abuse by parents, caregivers, siblings and other relatives.
- Teens may also experience interpersonal violence by a current or ex-partner.
- Approximately 1 in 5 female high school students report being physically and/or sexually abused by a dating partner.
- Approximately 1 in 7 (13%) youth Internet users received unwanted sexual solicitations and 4% of youth Internet users received aggressive solicitations, in which solicitors made or attempted to make offline contact with youth.
- Teens who identify as LGBTQ may have an equal or greater chance of experiencing sexual violence compared with self-identified heterosexuals.

Perpetrator Characteristics

- The relationship of the abuser to the victim is variable.
- Commonly with child victims, the abuser is someone the child knows and trusts
- According to the CDC, 91% of child sexual abuse is perpetrated by someone the child or child's family knows
- Incest/intrafamilial abuse accounts for about 1/3 of all child sexual abuse cases
- Perpetrators report that they look for passive, quiet, troubled, lonely children from single parent or broken homes
- Perpetrators frequently seek out children who are particularly trusting and work proactively to establish a trusting relationship before abusing them

COVID 19 Impacted Children's Environments

- Schools moved from in person to virtual learning environments
- In person extracurricular activities were curtailed
- Confinement measures led to increased time spent at home
- Children had limited access to community support services, childcare and educational personnel who often play a key role in detecting and reporting cases of child sexual exploitation and abuse

Associated Press Study

- The AP found that child abuse and neglect reports from school sources fell sharply during the pandemic as the U.S. pivoted to online learning — by 59%.
- For comparison, there was a 4% decline of reports nationally from non school reporter sources.
- March to November 2020
- <https://apnews.com/article/coronavirus-children-safety-welfare-checks-decline-62877b94ec68d47bfe285d4f9aa962e6>

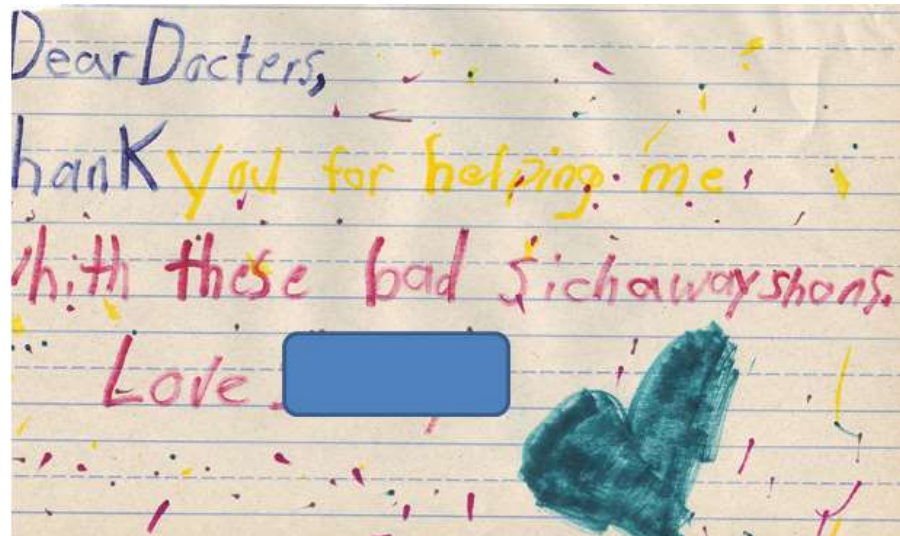
Interpol : Threats and Trends Child Sexual Exploitation and Abuse (CSEA) COVID 19 Impact

- During COVID-19 children seek alternative ways of socializing through games, chats, social media, etc. while not necessarily being aware of any associated risks.
- Victims of domestic CSEA may be in lockdown with the offender.
- Boredom may lead to increased risk-taking, including an increase in the taking and sharing of self-generated material.
- Children have reduced access to guardians such as teachers, doctors and social services who are often key in identifying and reporting of CSEA.
- Parents may have limited opportunities for effective control when juggling work from-home policies and their professional commitments.



New Initiatives

- Development of a statewide child sexual assault/abuse medical protocol
- Development of sexual assault healthcare provider training recommendations and statewide education,
- Identification of sites where sexual assault nurse examiners can shadow CAC medical providers
- Creation of a website to house important up to date medical information and best practices
- Establishment of a network that can support new providers
- Establishment of networks for peer review of medical findings
- It is our intention that children across the state will either initially or subsequently be referred to the CAC in their region to receive appropriate services.



Child Sexual Abuse Top Take Home Points

- Sexual abuse is common.
- Sexual abuse is NOT limited to only one segment, race, gender, socioeconomic strata of the population.
- Children are most often sexually abused by someone they know and trust.
- The purpose of the medical exam is multifold.
- The medical exam at the CAC is trauma informed, developmentally appropriate and can promote healing.

Child Sexual Abuse Top Take Home Points

- The medical provider's response to child sexual abuse extends beyond the examination itself.
- Our Children's Advocacy Centers and their medical clinics continued to serve children throughout the pandemic. As we recover from the COVID 19 pandemic, we may find the need for CAC services is greater than before.
- The Coalition of CAC's in Kentucky is involved in multiple new initiatives to improve the quality of medical care for child victims of sexual abuse across the Commonwealth.

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Questions



Thank You!