







"Working to ensure all children have access to quality, comprehensive services when there are concerns of abuse."



- The Centers for Disease Control and Prevention estimate 1:7 children have experienced abuse in the last year
- In Oregon, that number is equal to ~120,000 children
- We only "confirm" roughly 1 in 10 of the children believed to have experienced abuse through investigations
 - 90% of abuse goes unreported and/or uninvestigated
- Last year, 12,585 children were confirmed victims of abuse, that's 34 children per day
 - 26 child fatalities were connected to abuse and/or neglect

Untreated Trauma Impacts Adulthood

The Adverse Childhood Experiences (ACES) study measures some experiences related to abuse.



Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Children and youth who have experienced abuse are:

- 3 times more likely to have a substance abuse disorder by their 18th birthday
- 9 times more likely to commit a crime
- 25% more likely to become a teen parent

Two Relevant Oregon-based Studies

- A 2019 study at Coffee Creek Correctional Facility found that of the 66 female inmates surveyed:
 - **68%** said they were physically abused as children;
 - 82% were emotionally abused as children, and;
 - **75%** said they were sexually abused as children.
- The LIFE Experiences study by the Center for Outcomes Research and Education (CORE) surveyed 2,500 OHP high-utilizers enrollees in Portland, Metro. Of those surveyed:
 - over half experienced verbal, physical or sexual abuse as children;
 - **77.8%** had family incomes less than \$20,000.00;
 - **1** in **3** experienced homelessness as adults, and;
 - 3 in 4 had trouble finding or keeping stable work.

"For me, the hardest part to heal from was not the trauma of the abuse, but rather the response after I told."

- older survivor without access to CAC services

All agencies need to work in harmony for children to get the care they deserve

> **Children's Advocacy Centers (CACs) and Multidisciplinary Teams**







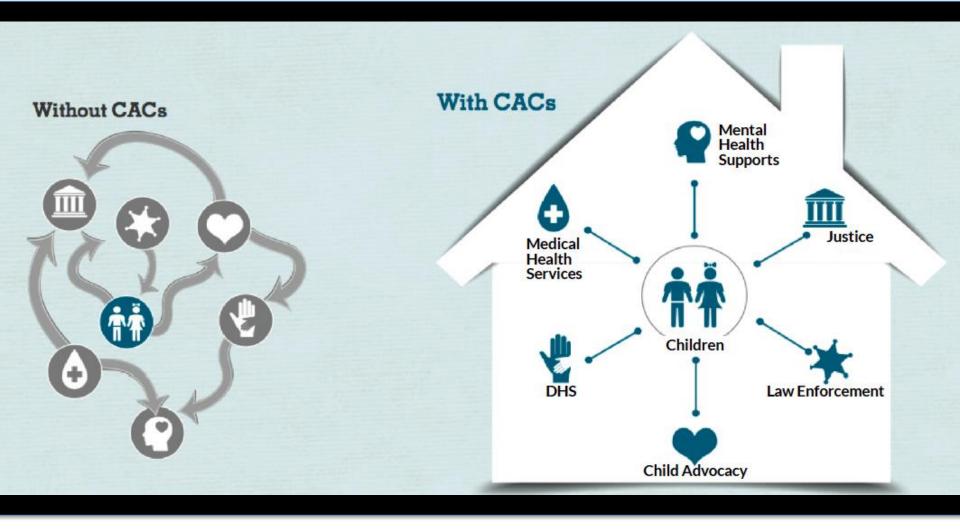












- Reduce trauma
- Ensure the best possible investigation and prosecution on behalf of the victim
- Cultivate highly-specialized experts

Overview: Benefit of CACs

- Child-friendly and trauma-informed services
- Neutral third party that does not determine placement or prosecution
- **Specialized experts** in child abuse assessment
- Video-taped interviews
- Requirement of **collaboration** across systems
- More referrals to follow-up care, more accessible for safe caregivers to follow-up with questions or concerns



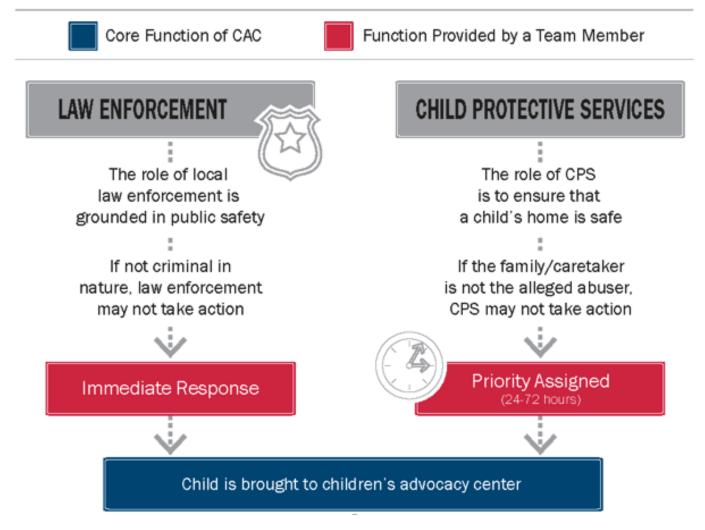


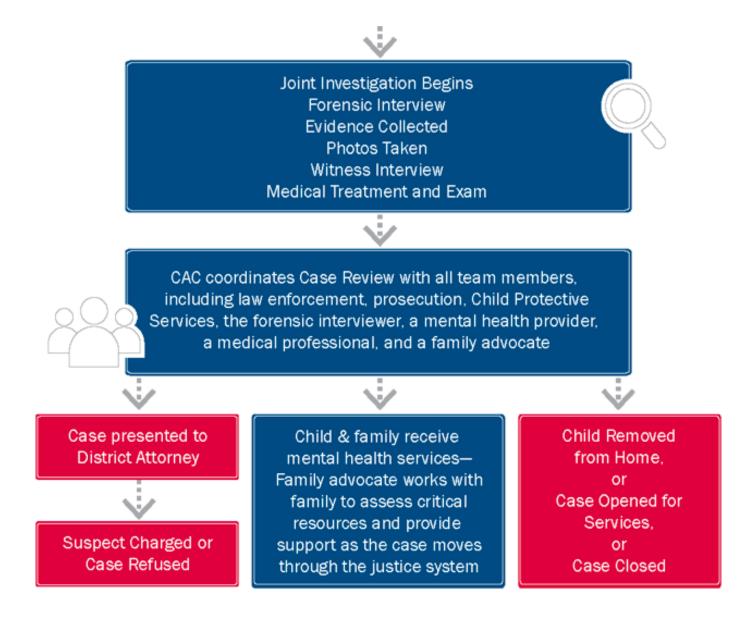
Local Spotlight: Columbia Gorge CAC





HOW DOES THE CHILDREN'S ADVOCACY CENTER MODEL WORK?





The Impact on Prosecution

- Holding offenders accountable can prevent victimization of more children
- Evidence collected saves money on costly trials, increases successful prosecutions, and often keeps kids off the witness stand, helping minimize unnecessary trauma
- A community with strong, immediate response sends a clear message about the importance of child safety





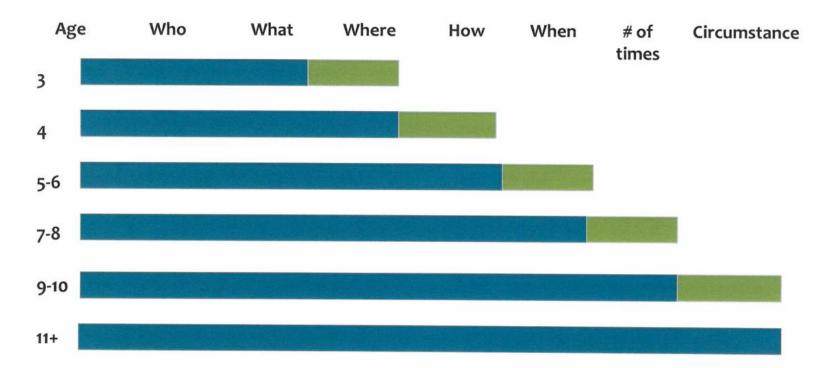
Oregon's Children's Advocacy Centers

Forensic Interviews

- Culturally and developmentally appropriate
- Interviewers are trained through a nationally accredited training based on the Oregon Interviewing Guidelines
- These guidelines set a standard for interviews and ensure questions are nonleading and trauma-informed
- Forensic interviews are taped
 - Law enforcement or DHS case workers attend interviews behind two-way mirrors, if available



Guidelines for Age-Appropriate Interview Questions



Each child's capacity will vary depending on his or her unique circumstances and developmental level

Medical Exam and Assessment

- Every county has a designated medical professional (DMP), often working as a staff member within the CAC
- DMPs are responsible for both ruling "in" and ruling "out" child abuse
- DMPs have specialized training in child abuse diagnosis





CACs served nearly 8,000 children last year with intervention services

78% were 12 years old and younger



A Smart Investment

- The increased coordination and reduced duplication of efforts with CAC use have been shown to save up to \$1,000 per case
- The lifetime cost of abuse is more than \$830,000 for one person
 - CACs trauma-informed response may reduce lifetime suffering and costs
 - Successful prosecution prevents further victimization of children
- CACs reduce costly trials as solid evidence encourages plea deals
- CACs use trauma-focused cognitive behavioral therapy (TFCBT), a gold standard modality for addressing trauma with a child and parent unit
 - TFCBT has been shown to reduce the symptoms of posttraumatic stress disorder (PTSD) in less visits than other modalities

Unmet Needs

- Centers provide statutorily mandated services, but are funded at **17%**
- Waitlists and lack of access
- Trends like an influx of new caseworkers and more referrals for assessment from the newly centralized child welfare hotline are making meeting the needs much harder
- Both urban and rural centers are struggling to serve







References

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