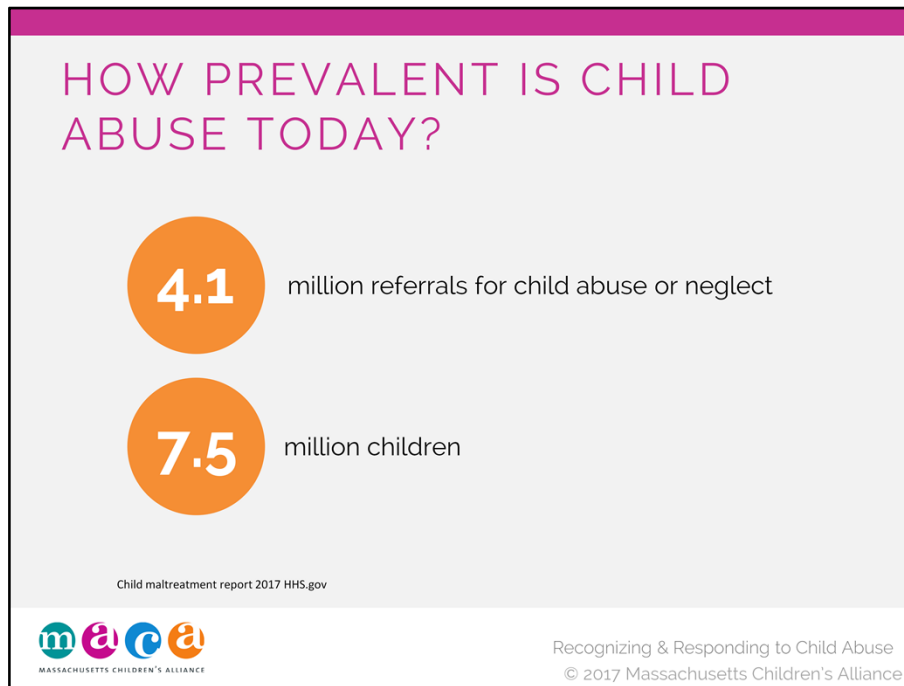


First, we have to thank you for taking the time to be here. Child abuse is something no one wants to think about, much less talk about. But talking about it is one of our best weapons. Today we'll discuss what, exactly, abuse is, how you can recognize warning signs, and the steps you can take if you suspect a child is being abused.

Unfortunately, child abuse is an every day occurrence. And it's everyday people – police, teachers, aides—who are the front lines when it comes to being aware of, and stopping it. Listening to, and talking about, these difficult topics is the first step in protecting those who can't speak up for themselves.

We realize that this is a difficult topic. If you need to take a break at any time during this presentation, feel free to do so. And if you'd like to speak with us privately after this training session, we'll be available to talk and to provide resources.



We'd all prefer to think that child abuse is decreasing in our society. The truth is, we still have a lot of work to do. Some recent numbers support this conclusion. In 2010, an estimated 3.3 million referrals for child abuse or neglect were received by public social services or child protective services agencies nationally.

These referrals involved:

- 5.9 million children.
- More than 75 percent (78.3%) suffered neglect.
- More than 15 percent (17.6%) suffered physical abuse.
- Approximately 10 percent (9.2%) suffered sexual abuse.

According to the National Children's Alliance (2010):

- It is estimated that 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18.
- 1 in 5 children are sexually solicited while on the internet.
- Nearly 70% of all reported sexual assaults are on children ages 17 and under.
- Boys and girls are equally likely to be targets

CHILDREN'S ADVOCACY CENTERS IN MASSACHUSETTS

Children's Advocacy Centers (CACs) throughout the state offer a range of services for children and families.

- Child Forensic Interviews
- Investigation & Prosecution
- Victim Advocacy
- Medical Consultation/Exams
- Mental Health Services
- Community Trainings



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MACA is comprised of Children's Advocacy Centers throughout the state. Each of these child-friendly facilities offers a range of services for children and families, easily accessible and in one location. They employ a multidisciplinary team approach in offering culturally sensitive, timely services like:

- Child Forensic Interviews
- Victim advocacy
- Mental health referrals
- Investigation and prosecution
- Medical consultation/exam
- Community trainings

THE MULTIDISCIPLINARY TEAM APPROACH

Professionals of different backgrounds and expertise come together to devise a coordinated approach in the best interests of the child. These teams can include:

- Assistant District Attorney
- Forensic Interviewer
- Police
- Department of Children & Families (DCF)
- Victim Advocate
- Mental Health Professional
- Medical Professional



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Child abuse touches on many issues. It makes sense to take a multidisciplinary team approach. This approach, also referred to as a SAIN Team approach (Sexual Abuse Intervention Network) incorporates the expertise of professionals from different backgrounds, all working together toward the best outcome.

- **Police** Protect public safety; determines whether crime been committed; investigates and gathers evidence; takes out initial charges; holds offenders accountable.
- **DCF** Focus is child protection and strengthening families; participates in overall investigation; determines if abuse/neglect occurred and who is responsible; supports families and works to keep them together when appropriate.
- **Forensic interviewer** Conducts non-leading, forensically sound interviews of child victims; coordinates multidisciplinary team response.
- **Victim Advocate** Role/organization varies across the state; provide support and victim-centered advocacy; educate those involved about the multidisciplinary team response; maintain up-to-date information; provide guidance throughout the investigation and prosecution process; provide community referrals and resources.
- **Mental health professional** Role can vary; some CACs have on-site clinicians, others refer to trauma-informed clinicians; provide therapeutic intervention and referrals; conduct trainings and community outreach; provide consultation for child abuse professionals.
- **District Attorney** Determines appropriate criminal charges; aids in the investigation by law enforcement; is responsible for final prosecution of criminal case.
- **Medical professional** Specialized medical providers as part of MDT; provides medical diagnosis

and appropriate treatment of child abuse; conducts photographic documentation of exam; performs evidence collection; follows the “do no harm” approach to care; provides expert testimony.

MDTs: A strength-based approach to investigations

Reduce the likelihood of conflicts among agencies with different philosophies and mandates

Provide a coordinated, efficient and cost effective intervention in child abuse cases

Reduce the number of interviews a child undergoes

Yield better assessments, treatment plans, and services

Strengthen and build interagency and professional relationships

Minimize the number of people involved in a case and **avoid** duplication of tasks

Enhance the quality of evidence discovered for civil litigation or criminal prosecution

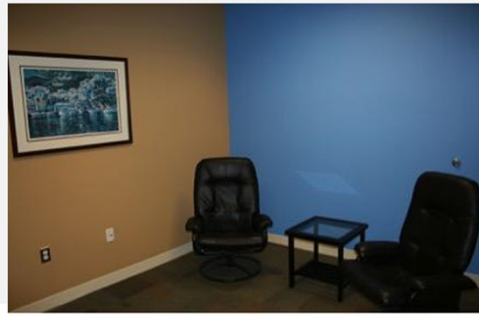
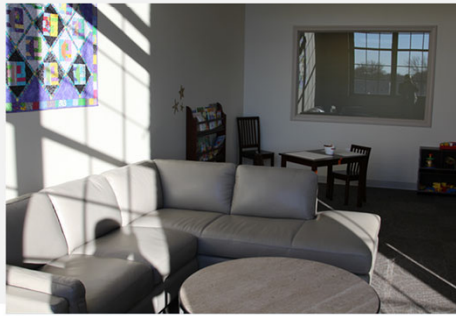


Part of this process is the forensic interview.

- The interview is conducted by a specially trained child forensic interviewer who can tailor the interview to meet the child's unique developmental needs.
- The investigation is streamlined, resulting in one documented statement from the child. This decreases the likelihood that the child will be re-traumatized by multiple interviews.
- Recordings may be used to minimize the number of times a child has to testify.
- All interviews are recorded and kept as evidence.

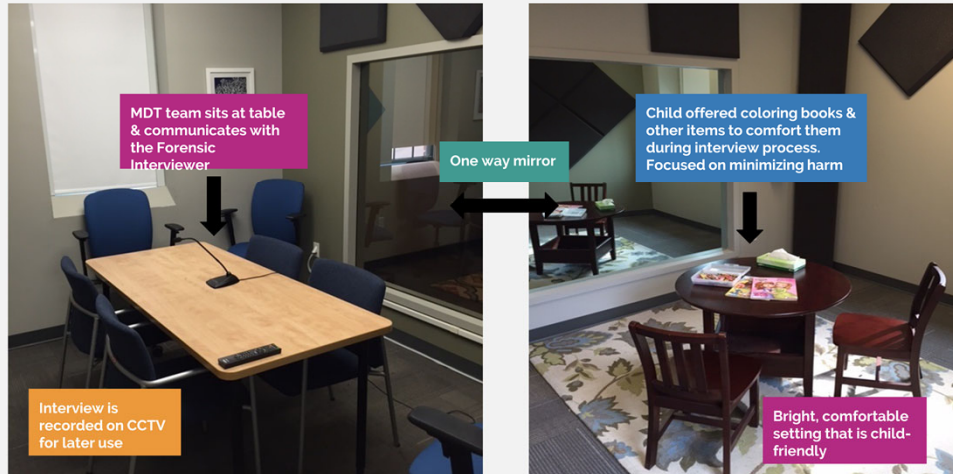
Typically, the CAC process starts with the forensic interview

A specially trained interviewer meets with the child or adolescent while the other professionals observe either through a one way mirror or in another room via closed circuit TV. Below are examples of rooms for older children:



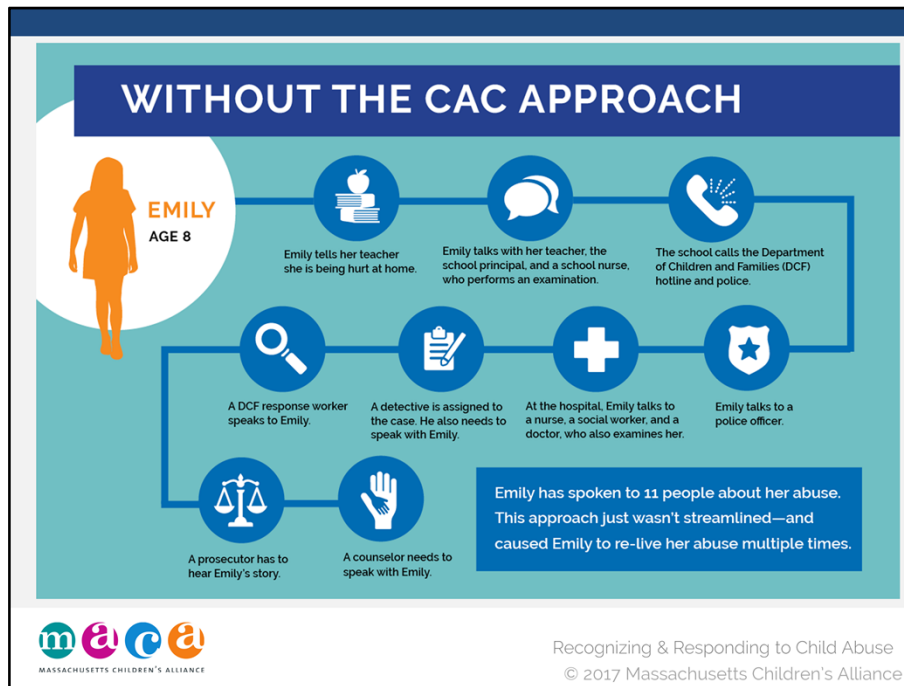
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Observation Room and forensic interview room for younger child

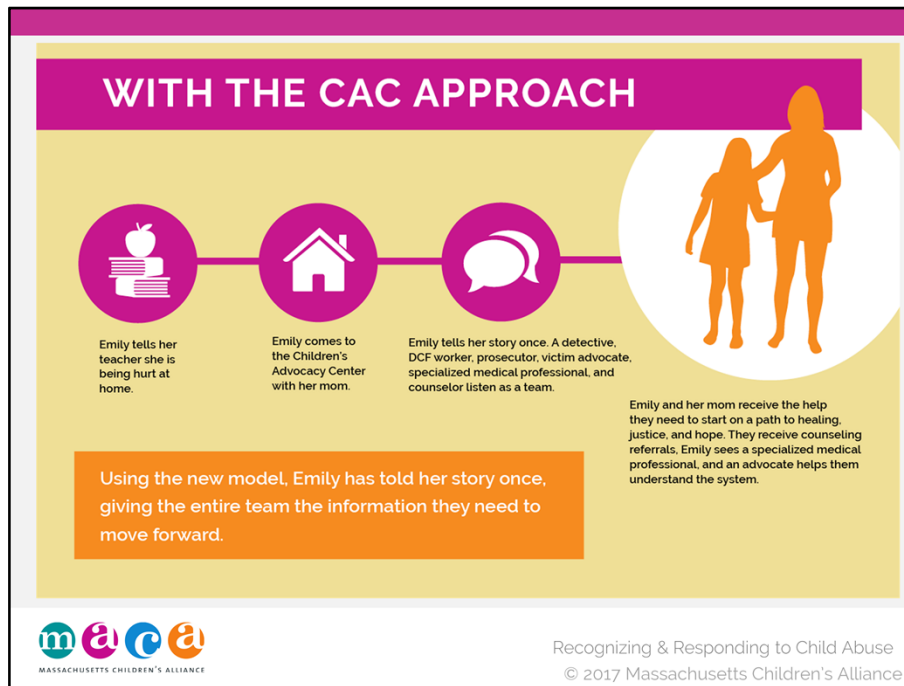


Example of medical suite



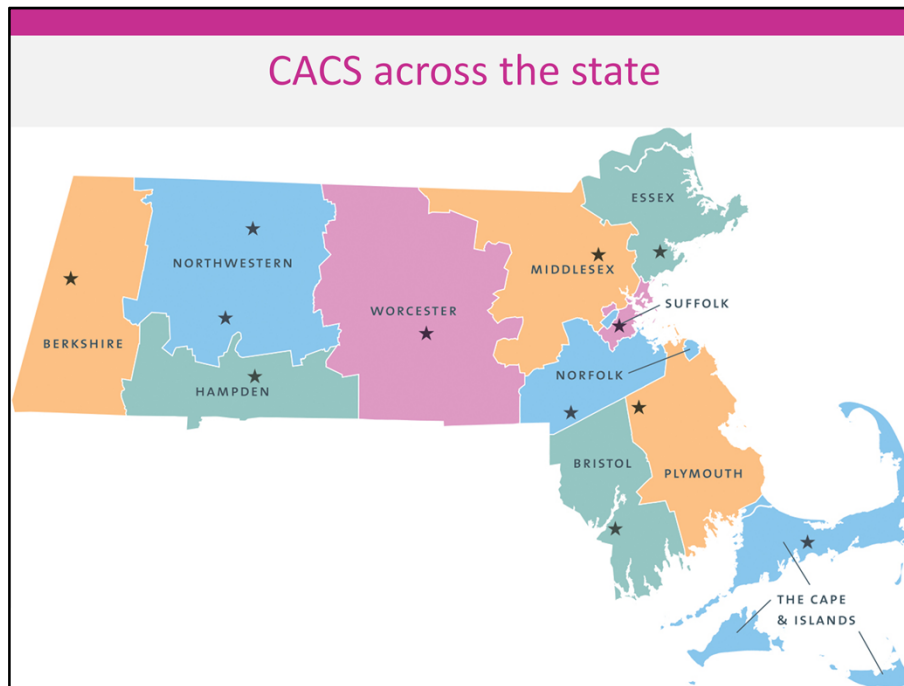


Before the CAC approach, children reporting abuse had to tell their stories again, and again, and again. Well-meaning professionals conducted these interviews, true, but this approach gave ample opportunities for children to be re-traumatized. During the 1980s, there was a nationwide movement toward a more streamlined, child-friendly approach to child abuse investigations.



At over 800 CACs nationwide, children receive the streamlined, specialized treatment that gets them to the care they need faster, and with the least amount of trauma possible. Utilizing this model, Emily has to speak to only one person, and her entire multidisciplinary care team listens on to gather the information they need to do their part.¹

¹National Children's Advocacy Center, www.nationalcac.org, 2013



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Children's Advocacy Center Statistics for Massachusetts

January 1 - December 31, 2018

8517



Children Served

Female **5621 (66%)**

Male **2732 (32%)**

Undisclosed **146 (2%)**

74%

of CAC cases
involve

**CHILD
SEXUAL
ABUSE**

16%

of cases involve
physical abuse

11272



services were
provided by our
CACs including
medical exams,
forensic interviews,
& mental health
services and referrals



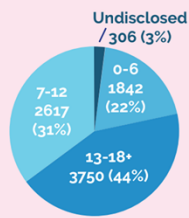
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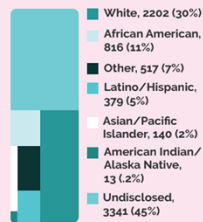
Children's Advocacy Center Statistics for Massachusetts

January 1 – December 31, 2018

Age of Children



Race or Ethnicity



84%

of offenders were family members or someone the child already

KNEW

Relationship of alleged offender to child

Parent	1755
Stepparent	272
Other Relative	1094
Parent's boy/girlfriend	428
Other known person	2736
Unknown	1201

Alleged offender age

Under 13	986
13-17	1054
18+	3643
Undisclosed	2010

Expanded services for children through the comprehensive care of CACs

- ❖ Addressing Commercial Sexual Exploitation of Children (CSEC)
- ❖ Evidence based intervention for children presenting with problematic sexual behaviors



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A commercially sexually exploited child is one under the age of 18 who engages, agrees to engage in, or offers to engage in sexual conduct in exchange for money, food, shelter, clothing, education, or care.

Because these victims are children—and therefore, unable to consent to ANY sexual activity, they are victims. Not “child prostitutes.”

Certain children are more vulnerable to CSEC.

Those with a history of emotional, physical or sexual abuse.

Children whose parents abuse substances.

Children with school-related problems (truancy, learning disabilities).

Runaways, children in foster homes and other out-of-home placements.

People who exploit children in this way often prey on the most vulnerable. Girls, boys, and transgender youths are all victims of exploitation, and 70-90% of CSEC victims have a history of childhood sexual abuse.¹

A significant number of victims are involved with the child welfare or juvenile justice system, yet their exploitation often goes unnoticed. However, early identification provides an opportunity for prevention and intervention.

Progress since 2010 passage of MA human trafficking law

- ❖ 2013: **MA Child Welfare Trafficking Grant** awarded by HHS to DCF in partnership with the CAC of Suffolk County and JRI/My Life My Choice to prepare all counties for working with CSEC.
- ❖ 2016: DCF adopts new policy of **screening in** all 51A report alleging CSEC including children suspected to be at risk **without identified caregiver**



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Progress since 2010 passage of MA human trafficking law

- ❖ 2018: All 10 judicial jurisdictions received specialized training and technical assistance re: development of **CSEC MDT protocols**
- ❖ 2018: MACA awarded 2 year renewable **VOCA grant** to fund **specialized CSEC case managers** to respond to each CAC. Duties may include advocacy, service navigation, case coordination, specialized forensic interviews, evidence based trauma informed mental health services and a myriad more.



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Progress since 2010 passage of MA human trafficking law

- ❖ 2019 EOHHS and EOPSS awarded 1.5 million **grant from OVC** to address trafficking. Funds dedicated state troopers as well as two positions, one at EOPSS and one at MACA to assist with program development.



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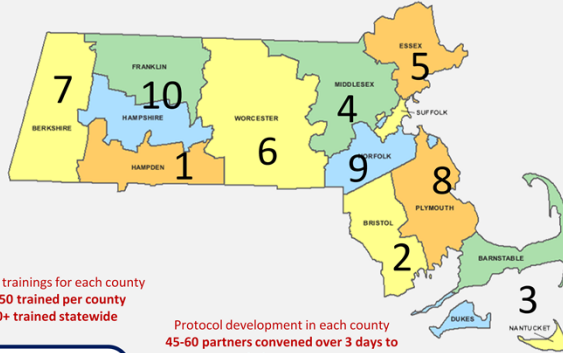
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What We Have Built Together

MA Child Welfare
Trafficking Grant 2019



3 full day trainings for each county
150-250 trained per county
2500+ trained statewide

Protocol development in each county
45-60 partners convened over 3 days to
create their MDT Response



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Problematic Sexual Behavior- Cognitive Behavioral Therapy (PSB-CBT) in sum

- ❖ Developed in 1999 @ University of Oklahoma Health Sciences Center (Barbara Bonner, C. Eugene Walker & Lucy Berliner)
- ❖ Group treatment model (preschoolers, school age, adolescents)
- ❖ Evidence-based
- ❖ Clinicians trained by OUHSC trainers via year-long Learning Collaborative
- ❖ Family Model training for CACs added in 2016



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PSB-CBT school age model in sum

- ❖ Evidence-based, trauma-informed outpatient treatment for children ages 7-12 & their caregivers
- ❖ Structured, component-based treatment model
- ❖ Completed in 4-5 months of weekly sessions
- ❖ 9 distinct topic areas addressed
- ❖ Weekly homework
- ❖ 49 + communities nationally (23 CACs)



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Why CACs?

- ❖ Many CACs often are already serving some of these children and youth as victims and their families;
- ❖ CAC multidisciplinary approach ensures coordination across systems (DCF, prosecutors, police, hospital CPT)
- ❖ Receive relevant DCF & Police reports directly;
- ❖ Ability to conduct forensic interviews with the victim of the PSB and, when appropriate, the child presenting with PSB.
- ❖ The National Children's Alliance endorses PSB-CBT.



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Our PSB-CBT project

- ❖ Funding recommendation of legislative Child Sexual Abuse Prevention Task Force
- ❖ Launch pilot project for statewide learning collaborative which would include training clinicians in PSB-CBT
- ❖ Identify 5-6 CACs who would convene appropriate community stakeholders with whom to partner and train
- ❖ 12 month training conducted by University of Oklahoma staff



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