

CHILDREN'S ADVOCACY CENTER FEASIBILITY STUDY



A REPORT BY
THE DOMESTIC VIOLENCE
PREVENTION WORK GROUP
OF THE CHARLOTTESVILLE/
ALBEMARLE COMMISSION ON
CHILDREN AND FAMILIES



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Introduction

THE PURPOSE OF CHILDREN'S ADVOCACY CENTERS IS "TO PROVIDE A COMPREHENSIVE, CULTURALLY COMPETENT, MULTIDISCIPLINARY TEAM RESPONSE TO ALLEGATIONS OF CHILD ABUSE OR VICTIMIZATION IN A DEDICATED SETTING"

In September of 2002, the Charlottesville/Albemarle Commission on Children and Families (CCF) convened a Family Violence Work Group to address the impact of child abuse and neglect and adult domestic violence on children. This work group was initiated as a response to studies demonstrating the strong negative impact of family violence among children in highest-risk situations-- those in the juvenile justice and foster care systems, as well as children requiring intensive out-of-community residential placements. Earlier research by CCF indicates that 25% of children in the local juvenile justice system and 81% of children needing intensive out of community placements were abused or neglected. In the same populations, 31% and 61%, respectively, were exposed to domestic violence. National data also indicates that exposure to family violence can produce a number of negative outcomes for children, including physical injury, psychological problems, academic failure, inappropriate behavior, and interpersonal difficulties. The work group was charged with examining current activities, identifying effective approaches, and making recommendations for improvements in local practice.

During the first year, two work group subcommittees worked in partnership to gather information about the best ways the Charlottesville/Albemarle community could address the related problems of child abuse

and neglect and exposure to domestic violence. The Family Violence work group concluded that creation of a local Children's Advocacy Center (CAC) will produce more favorable outcomes for child victims by decreasing stress and trauma, improving prosecution, providing for early and effective intervention, and assuring competent coordination. A CAC is a facility that provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for child victims and their families. According to the National Children's Alliance, the purpose of Children's Advocacy Centers is "to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse or victimization in a dedicated setting". The following report outlines the results of a Children's Advocacy Center feasibility study conducted by the work group. The study concludes that a CAC is needed for the Charlottesville/Albemarle community, and is feasible with concentrated public and private investment of time, expertise, and resources.

This report demonstrates both the need for and a path forward for developing a CAC. Section 1 provides the background information, including the results of a preliminary needs assessment that led to the feasibility study. Section 2 details the findings of the comprehensive feasibility study. Section 3 presents specific recommendations with an estimation of resources required.



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Section 1: Determination of Need

The Family Violence work group consists of over 60 members from various public and private agencies concerned with decreasing the incidence and impact of family violence in the community. During the first year, work group members developed two subcommittees that worked in partnership to address the impact of domestic violence on children and to enhance coordination of child abuse and neglect prevention, identification and intervention strategies. These were the Domestic Violence Sub-Committee and the Child Abuse and Neglect Subcommittee.

The Domestic Violence Subcommittee examined current practices related to identification of and intervention with children exposed to adult on adult domestic violence and researched effective practices to address the needs of these children. The Child Abuse and Neglect Subcommittee conducted an inventory of existing local services that addressed identification, intervention, and treatment and service provision for children who are abused and neglected or are at risk to be, and identified gaps and needs. The subcommittee then researched effective practices and developed a plan to enhance identification, intervention, and treatment and service provision.

Initial Findings of Family Violence Work Group:

Both the Domestic Violence and Child Abuse and Neglect Subcommittees recommended improvements in multidisciplinary coordination and collaboration among agencies charged with providing investigation and intervention as a primary strategy to improve the treatment of children exposed to violence and connect them with services earlier on to prevent further abuse. Initial findings were as follows.

•The current child abuse and victimization investigation process is not “child friendly” or efficient. Currently, up to thirteen agencies and organizations routinely are involved in reporting, investigation, prosecution, and treatment of child victimization. During an investigation, each child experiences two to four interviews, which typically are conducted in police interrogation rooms or social service offices. The current system



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EXISTING RESOURCES ARE
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requires children to repeat traumatic information to multiple strangers, often exacerbating emotional damage. Prosecutors note that repeated interviews, particularly by individuals with different skill levels, can increase inconsistencies that may impede the prosecution of court cases.

- **Limited coordination hampers service provision, particularly when the abuser is not a parent or caretaker of the child.** In cases where the perpetrator is not a caretaker and in lower level intensity cases (where no investigation or prosecution is pursued), there is limited coordination of intervention and treatment services. When a child is alleged to be abused or neglected by a parent or guardian, social services staff typically coordinate services and may have an ongoing connection to the child and family. However, when the alleged offender is not a caretaker, coordination of services is limited. While victim-witness staff are able to provide limited services, extensive case management is not available. These victimized children are likely to “slip between the cracks.”

- **Existing resources are insufficient for the numbers of children exposed to violence.** Currently, there are a very limited number of local police and child protective services investigators trained and available to conduct investigations in sexual abuse/assault and serious physical abuse/assault situations. Staff providing effective forensic interviews require extensive training and supervision. Because this is particularly stressful work, staff conducting interviews benefit from having a professional team of colleagues to assist and support them.

Proposed Solution to Initial Findings: Children’s Advocacy Center:

As a result of the concerns detailed above, the Family Violence work groups’ chief recommendation was to explore the creation of a Children’s Advocacy Center (CAC). A CAC provides a comfortable, private, child-friendly, safe setting for child victims and their non-offending families. The purpose of Children’s Advocacy Centers is “to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child



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A CHILD APPROPRIATE/
CHILD-FRIENDLY SETTING
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ACCOMPLISHMENT OF THE
MISSION OF CHILDREN'S
ADVOCACY CENTERS.

abuse or victimization in a dedicated setting," according to the National Children's Alliance (NCA). A child appropriate/child-friendly setting and a multidisciplinary team are essential for accomplishment of the mission of children's advocacy centers.

There are over 500 Children's Advocacy Centers nationwide. According to the National Children's Alliance, the benefits of a Children's Advocacy Center include:

For the child:

- A single interview by a specially trained person;
- Reduced trauma to the child;
- A multidisciplinary team approach to investigation and intervention;
- Immediate crisis therapy and continuing mental health services; and
- Consistent case tracking.

For the non-offending family:

- One place for giving and receiving information;
- Advocacy to assure services are provided and to assist with the judicial process; and
- Educational and therapeutic resources.

For the community:

- Improved substantiation and prosecution of cases;
- Duplication of services is eliminated; and
- Enhanced prevention/awareness.

For Professionals/Agencies:

- Centralized facility for coordinated joint interviews, to share information, and track case progress;
- Case tracking to develop and analyze data related to the efficacy of interventions and gaps in services;
- Regularly scheduled case reviews to coordinate services and investigations; and
- Opportunity for training and development.



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DURING AN INVESTIGATION,
EACH CHILD EXPERIENCES
TWO TO FOUR INTERVIEWS
ABOUT THEIR ABUSE OR
VICTIMIZATION.

Preliminary Analysis of Need for a Children’s Advocacy Center:

The Family Violence work group charged a CAC subcommittee to further study the need for and viability of creating a local CAC. Over the course of 2003-2004, the subcommittee studied various CAC models. Members visited CACs in Rocky Mount, Radford, Norfolk, and Winchester, Virginia, and in Huntsville, Alabama and Dallas, Texas to learn about different models and modes of operation.

Using methods established by the National Children’s Alliance, which licenses CACs, the subcommittee conducted a preliminary Needs Assessment. The Needs Assessment consisted of analysis of data as well as structured interviews with professionals providing direct services to child victims. Chart 1 shows data about child victimization locally.

	Charlottesville			Albemarle		
	2000	2001	2002	2000	2001	2002
Child abuse reports to social services	461	464	470	440	434	598
Child abuse reports validated by social services	198	197	224	292	240	386
Children in foster care due to abuse	44	42	42	25	23	23
Child sexual assault reports to police	20	28	27	66	53	73
Child physical assault reports to police	180	226	190	213	254	234

Major findings of the Needs Assessment were as follows:

- Up to thirteen agencies and organizations routinely are involved in reporting, investigation, prosecuting, and treating of child abuse/ victimization.
- Coordination between and among these organizations is inconsistent, particularly across geographic lines.
- During an investigation, each child experiences two to four interviews about their abuse or victimization, which typically are conducted in spaces described as “not-conducive to children.”
- There is no one agency charged with coordinating all aspects of cases. In caretaker cases, this role often is taken by the Department of Social Services. In non-caretaker cases, victim/witness staff provides some coordination.
- There are formal and informal information sharing procedures and



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interagency agreements between the Departments of Social Services, police, and the Commonwealth Attorney's office.

- Child victims may be referred for services to a variety of public and private community providers. There is limited tracking of attendance or outcomes.
- While there is no "typical" experience for reporting, investigation, prosecution and treatment for a child victim, respondents indicated that children often participate in multiple interviews, hearings, and interventions. While the child's safety is a continual priority throughout the process, the experience is described as extremely stressful. The following vignette describes the recent experiences of one child (names and identifying details have been changed):

On Monday, Maria, a 12 year Hispanic girl, told her friend that her stepfather had forced her to have sex with him. Her friend told her mother who called the police.

On Tuesday, a police officer went to Maria's school to question her about the report. He talked with Maria for about ten minutes but realized her English was too limited to complete an interview. He called another patrol officer, who interviewed Maria in Spanish. The officer obtained a warrant and arrested the stepfather on Wednesday.

On Wednesday, the officer referred Maria's case to the department of social services and to a detective in the investigations unit.

On Thursday, a child protective service worker, a victim witness counselor, and the Spanish speaking police officer went to the school where they interviewed Maria in a vacant classroom. Because Maria reported some physical discomfort from alleged assault, the social worker took her to the hospital, where she was interviewed and examined by a nurse who specializes in treating rape victims.

On Friday, Maria's stepfather had a bond hearing. Through the



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WHEN IT IS ALL OVER, MARIA
WILL HAVE HAD CONTACT
WITH AT LEAST TEN
DIFFERENT ORGANIZATIONS
AND FIFTEEN ADULTS, AND
WILL HAVE REPEATED THE
TRAUMATIC STORY OF HER
RAPE AT LEAST TEN TIMES.

Spanish speaking police officer, Maria's mother was asked to bring Maria to meet with the Commonwealth Attorney, who spoke Spanish and interviewed Maria about the assault in a small room adjacent to the court room. The stepfather was held without bond. Maria was then taken to the police department by the investigating detective, who interviewed her in an interrogation room using a second Spanish speaking police officer as the interpreter.

Every professional who came into contact with Maria this week did his or her job well. Maria's allegations were taken seriously and everything was done to assure her safety. The man who abused her is in custody. However in the course of five days, Maria has been interviewed six times and has met with eight unfamiliar adults. She has repeated her story seven times and it has been interpreted by three people, speaking different dialects of Spanish. She has talked to people in a classroom, the emergency room, a courthouse, and an interrogation room.

Over the course of the coming months, Maria will be referred for follow-up medical treatment and counseling. She will testify in a preliminary hearing and at trial. Both court hearings will require preparatory interviews. When it is all over, Maria will have had contact with at least ten different organizations and fifteen adults, and will have repeated the traumatic story of her rape at least ten times.

Is there a better way?

The Family Violence work group concluded that there is a better way. Based on the findings of the Needs Assessment, the work group determined that there was more than sufficient need for a CAC locally. As a result, during the summer of 2004, members conducted a series of interviews with key community stakeholders for the feasibility study being reported in this paper.



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Section 2: Feasibility Study

Methodology:

Using a format prescribed by the National Children's Alliance (NCA), subcommittee members conducted informational interviews with 34 community stakeholders (See Appendix 1 for interview format). These individuals were sent a letter requesting an interview and background materials prior to meeting with one or more subcommittee members (See Appendix 2 for materials sent). Careful notes were taken during the interviews. Interviews focused on assessing respondents' level of understanding and support of the concept of a local CAC, as well as eliciting information about opportunities, barriers, and implementation plans. Those interviewed included:

- Joyce Allan, RN, Victim Advocate
- Sarah Anderson: SANE nurse, University of Virginia
- Judge Edward Berry: 16th District Juvenile and Domestic Relations Court
- Andy Block: Attorney, Just Children, Legal Aid Justice Center
- Blake Caravati: Charlottesville City Council
- Craig Brown: Charlottesville City Attorney
- Laura Brown and Deacon Bernie Taylor: Church of the Incarnation
- Buz Cox: Director, Charlottesville Department of Social Services, CCF member
- Melissa DeDomenico-Payne: Sexual Assault Resource Agency
- Dr. Michael Dickens: Pediatrician, CCF Member
- Dominic Felix, Director, Children, Youth & Family Services
- Dr. Tim Garson: Dean of University of Virginia Medical School
- Sheila Haughey: Guardian ad Litem, Substitute Judge
- Judge Edward Hogshire: Charlottesville Circuit Court
- Dr. Sharon Hostler: Dean of Faculty Development, U.Va. Medical School
- Dr. Winx Lawrence: Professor, Curry School, University of Virginia, CCF member
- Cartie Lominack, Director, Shelter for Help in Emergency
- Chief Tim Longo: Charlottesville Police Department
- Charles Martin: Resident Services Coordinator, Friendship Court
- Chief John Miller: Albemarle Police Department



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- Ray Mishler: Vice-president, Martha Jefferson Hospital
- Pam Moran: Assistant Superintendent, Albemarle County Schools
- Mike Murphy: Director, Community Attention
- Dana Neidley: Chief of Social Work, Charlottesville DSS
- Judge Paul Peatross: Albemarle Circuit Court
- John Pezzoli: Director of Mental Health Services, Region Ten Community Services Board
- Kathy Ralston: Director, Albemarle Dept. of Social Services, CCF member
- Mary Reese: retired educator
- Dr. Karen Rheuban: Dean of External Affairs, U.Va. Medical School
- Rob Schilling: Charlottesville City Council
- Noah Schwartz: Executive Director, MACAA, CCF member
- Sally Thomas, Albemarle Board of Supervisors
- Delegate Mitch Van Yahres: Virginia General Assembly
- Roxanne White, Deputy County Administrator, Albemarle County, CCF member

Level of understanding, support and commitment:

One of the primary objectives of the feasibility study was to determine the level of understanding, support, and commitment for creation of a Children's Advocacy Center locally. Establishing a CAC is a complex process that requires an extraordinary level of cooperation among community partners. If a community determines to pursue development of a CAC, it is critical that leaders understand, support, and are committed to the project.

Of 34 individuals interviewed, 11 were individuals who provided direct services to children affected by violence, 10 others represented organizations providing these services, and 13 were not involved in provision of services (most of these were policy makers or agency heads). All but one of the interviewees had a moderate to high level of knowledge about the concept of Children's Advocacy Centers, and several had visited centers in other localities, and thus had sufficient information to speak knowledgeably about CACs.



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MOST RESPONDENTS (32 OF
34) RATED THE IMPORTANCE
OF DEVELOPING A CAC
LOCALLY AS IMPORTANT
(10) OR VERY IMPORTANT
(22).

Most respondents (32 of 34) rated the importance of developing a CAC locally as important (10) or very important (22). On a scale of 1 to 10, they rated the need for a CAC at an average score of 8.5. Respondents typically reported that a CAC would promote a more coordinated and effective approach to investigation, prosecution, and intervention in child victimization cases, with decreased stress and trauma for the victim and non-offending family. Specifically, interviewees endorsed:

- Use of a trained forensic interviewer conducting a single interview as being more likely to produce favorable results in court, due to the quality of the interview and the lack of need for repeated interviews.
- Use of a single interview format as less traumatic than multiple interviews for child victims.
- Creation of a child friendly, safe, and comfortable site for interviews, rather than the interrogation room and multi-purpose offices currently used.
- Provision of coordinated assessment, intervention, and case management services, particularly in situations where the perpetrator is not a caretaker.
- Use of a structured multi-disciplinary approach to investigation, assessment, and intervention.
- Ongoing tracking of the progress of child victimization cases to assure that cases are resolved in a manner that is beneficial to the child and the community.

The two respondents who did not support the development of a CAC expressed concern that it would be duplicative of existing services and/or would compete with other institutions for what they perceived as scant funding.

Overall, respondents demonstrated a strong level of commitment to develop and participate in a CAC. Ten interviewees represented organizations that typically are partners in a CAC. Of these, seven organizations indicated they would definitely participate in a CAC if one were developed locally. The other three agencies would be likely to participate. Four interviewees indicated that they would personally take a leadership role in development of a CAC. Five other organizations indicated that they would assign staff to work



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THERE WAS CONSENSUS
THAT THE [CAC] SITE
NEEDED TO BE ACCESSIBLE,
COMFORTABLE, AND CHILD
FRIENDLY.

on development. Two possible partner organizations would co-locate staff and another five would consider co-location. Two potential partner organizations and three other individuals indicated that some level of funding might be available.

Preferred Model and Location:

There are several organizational models for CACs. About 60% are private non-profits; most of the rest are hospital-based, co-located with other non-profits, or government based. Subcommittee members have visited CACs that are housed in freestanding space, in a hospital complex, at a department of social services, and in a college classroom building. One CAC was co-located with a CASA program; another housed all of the community's prevention programs.

Most (20) respondents preferred a freestanding facility, not associated with government or a hospital; however, some proposed partnering with other non-profit organizations. Four respondents suggested a government-based facility and four recommended a hospital-based model. Piedmont CASA, the proposed Piedmont Supervised Visitation Center, the Juvenile Court Assessment Center, and Children, Youth & Family Services, Inc. were suggested as possible partner organizations for co-location with a CAC because these agencies share similar missions.

Interviewees were asked to identify possible sites for a CAC. There was consensus that the site needed to be accessible, comfortable, and child friendly. The most frequently suggested location was the Jefferson School building (5), followed by property owned by Martha Jefferson Hospital (3), or the planned University of Virginia Children's Hospital (2). Other ideas included the planned Boys and Girls Club Building, the Frank Ix Building, the Legal Aid Justice Center building, the Levy Opera House, and the Albemarle County Office Building- Fifth Street.

Perceived Obstacles

Most respondents identified funding as the primary barrier to creation of a Children's Advocacy Center. Two types of funding are needed; start up funding to obtain space, furnishings, and equipment, and ongoing operating



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MOST RESPONDENTS IDENTIFIED FUNDING AS THE PRIMARY BARRIER TO CREATION OF A CHILDREN'S ADVOCACY CENTER.

expenses. Start up costs can vary significantly based on the model chosen and the level of community support. Some CACs reside in donated space; others make extensive use of corporate sponsorship to develop a facility. Locally, it is estimated that the cost of building, furnishing, and equipping a CAC would be approximately \$400,000. A rented facility would cost about \$40,000 annually. Initial furnishing and equipment costs are estimated at \$50,000.

Members of the CAC subcommittee have visited facilities with annual operating budgets ranging from \$150,000 to \$2,500,000. Locally, it is expected that a CAC with a director, forensic interviewer, and case manager would have an annual budget of \$200,000, exclusive of occupancy costs.

Respondents agreed that raising the funds necessary to launch and sustain a CAC would present a challenge to the community. Some offered suggestions, which will be discussed in a subsequent section of this report. Five interviewees noted that local non-profit organizations might view a CAC as a competitor for limited funding.

Three respondents identified a perceived lack of support from the medical community as an obstacle. Some CACs have medical staff and examination rooms on-site. All CACs must have a solid collaborative working relationship with the medical facility providing physical and forensic evaluations. Those working in investigation and prosecution of child victimization cases reported that some health care providers are viewed as being uncooperative or obstructing the process. They cited examples of cases where medical professionals were reluctant to attend court hearings and/or charged a fee for consultation with community agencies. However, the medical providers interviewed at both Martha Jefferson and the University of Virginia Hospitals understood the role of the medical community and endorsed the concept of a CAC.

Community Context

In addition to potential barriers, interviewees were asked to identify local demographic or cultural issues to be considered in development of a CAC. Because each community is unique, it is important to consider local factors in development of a CAC.

Language issues were identified by a majority of respondents. Census



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DEVELOPING AND SUSTAINING A CHILDREN'S ADVOCACY CENTER WOULD REQUIRE CONSIDERABLE FINANCIAL RESOURCES.

data indicates that 5% of local residents are not native English speakers and that number is believed to be growing. The largest linguistic minority is Spanish speakers, but public school data indicates that over 50 languages are spoken locally.

A third of respondents felt that it would be important for a CAC to be culturally competent. Specifically, program policies and practices should be sensitive to the diversity of the local population as well as the increasing number of immigrants in the community.

Finally, respondents mentioned concerns about transportation and access. Because the Charlottesville/Albemarle community is a mix of urban, suburban, and rural areas, public transportation is limited for some residents. Interviewees felt that it would be important for a CAC to offer alternative transportation for rural residents.

Suggested Funding Strategies

Developing and sustaining a Children's Advocacy Center would require considerable financial resources. Interviewees were asked to identify possible funding sources. Five types of sources were identified: grants, reallocation, reimbursements, vended services, and donations.

Most respondents believed that grant funding is critical to development of a CAC. The National Children's Alliance provides small block grant funding to CACs meeting certain requirements, as well as limited competitive implementation grants for emerging CACs. Interviewees also suggested researching and applying for federal, state, and foundation grants. Local foundations mentioned were the Charlottesville/Albemarle Community Foundation, BAMA Works, and Catholic Charities.

Some interviewees suggested reallocation of resources from partner agencies. For example, the local departments of social services and police might jointly fund a forensic interviewer with the understanding that the workload for their investigators would decrease somewhat as a result.

Government reimbursements potentially could fund part of a CAC. Federal Title IV-e funds for prevention of foster care are a possible source mentioned by three interviews. One respondent suggested that some intervention services might be eligible for Medicaid reimbursement.



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BASED ON THE FINDINGS OF THE FEASIBILITY STUDY, THE WORK GROUP BELIEVES THAT THERE IS SUFFICIENT SUPPORT AND COMMITMENT IN THE COMMUNITY TO MOVE FORWARD WITH THE DEVELOPMENT AND IMPLEMENTATION OF A CHILDREN'S ADVOCACY CENTER FOR CHARLOTTESVILLE AND ALBEMARLE.

Several respondents suggested vending related services such as custody assessments or supervised visitation as a source of income. Others suggested vending services to neighboring localities that do not have a CAC.

Finally, many interviewees suggested raising donations from local businesses and wealthy individuals. CACs in other communities have benefited substantial corporate support.

Discussion

Based on the findings of the feasibility study, the work group believes that there is sufficient support and commitment in the community to move forward with the development and implementation of a Children's Advocacy Center for Charlottesville and Albemarle. The majority of community leaders interviewed endorsed the need for a more coordinated, sensitive, and effective approach to investigation, prosecution, and intervention in child abuse, neglect, and victimization cases. Moving forward with a Children's Advocacy Center will require a high level of collaboration between child-serving agencies. Potential partners' current level of involvement in the Multidisciplinary Team, as well as the KidsWatch domestic violence project, are indicative of the community's commitment to work together for children affected by violence. The development of a Children's Advocacy Center will build on foundations laid within the Family Violence Work Group.

Despite the level of support and commitment to establishment of a CAC, many challenges must be overcome. Chief among these is the level of financing required. The community must find the means to support a CAC without jeopardizing funding for other important initiatives. Substantial fundraising will be necessary. Additionally, there are a number of planning and implementation tasks that must be undertaken. Identified community concerns including information sharing, language and cultural issues, and accessibility must be addressed.

The Family Violence Work Group presents the following recommendations to the Commission on Children and Families with the understanding that acceptance of any or all of them represent a considerable commitment of resources. This level of commitment is necessary to assure that the needs of child victims of family violence are addressed in the most sensitive, humane, and effective way.



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Section 3: Recommendations

A STRONG AND DEDICATED
WORKING BOARD IS ESSEN-
TIAL TO THE DEVELOPMENT
OF A CAC.

Recommendation 1:

Establish a leadership board to conduct implementation activities.

In order to establish a Children's Advocacy Center, a strong and dedicated working board is essential to the development of a CAC. The board must consist of key stakeholders and community leaders with vision, passion, energy, and clout to create a functioning CAC. It is recommended that the Commission on Children and Families designate a group of members to take leadership in recruiting, appointing, and empowering a CAC board. It is also suggested that a staff person be added to facilitate the board's work. (See Recommendation 3)

Suggested start date: January 1, 2005

Suggested Board Membership:

1. Key stakeholders with decision-making authority from:
 - The Charlottesville and Albemarle Departments of Social Services
 - The Charlottesville and Albemarle Police Departments
 - Charlottesville and Albemarle Victim Witness Offices
 - Charlottesville and Albemarle Commonwealth Attorneys Offices
 - University of Virginia Medical Center
 - Martha Jefferson Hospital
2. Community leaders with an interest in addressing child victimization:
 - Sexual Assault Resource Agency
 - Region Ten Community Services Board
 - Shelter for Help in Emergency
 - 16th District Juvenile and Domestic Relations Court
 - 16th District Circuit Court
 - Piedmont CASA
 - Children, Youth & Family Services, Inc.
3. Community members:
 - Business leaders
 - Faith based community
 - Civic groups



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- Local government
- Commission members

Tasks:

1. Refine and approve mission statement
2. Determine model to be used, including co-location in existing or new space with:
 - Piedmont CASA
 - Piedmont Supervised Visitation Center
 - Juvenile Court Assessment Center
 - Children, Youth and Family Services, Inc.
 - Other
3. Prepare and implement by-laws
4. Obtain 501-c3 status if needed
5. Create fund-raising and revenue plan
6. Develop facility plan (*See Recommendations*)
7. Develop staffing plan
8. Develop training plan for staff and community agencies
9. Develop interagency agreements for functioning of CAC
10. Create information sharing and data exchange protocols
11. Hire and train key personnel
12. Obtain written interagency agreements
13. Develop record keeping system
14. Develop administrative system
15. Develop written policies and procedures, encompassing:
 - Forensic examination of child
 - Joint interviews
 - Maintenance of chain of evidence
 - Team case review
 - Case tracking
 - Medical evaluation
 - Law enforcement investigation
 - Child protection evaluation
 - Prosecutor's role



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- Court advocacy and preparation
 - Interviewing process
 - Referrals for services
 - Volunteers
 - Mental Health Services
 - Confidentiality
 - Community education and advocacy
 - Prevention
 - Treatment services
 - Program evaluation
 - Community linkages
16. Create evaluation system
- Identify desired outcomes and indicators
17. Establish monitoring process

Cost:

1. Board members: 2-10 hours monthly- in-kind, depending on status of Project Facilitator
2. Project Facilitator: (see recommendation 3)
3. Legal expenses: \$2,000
4. Completion of a comprehensive business plan: \$15,000

Possible Funding or In-Kind Strategies:

1. Board: Partner organizations to commit 10 hours of staff time monthly to CAC development as board members; reduce to 2-5 hours if staff is hired.
2. Facilitator/Director: See recommendation 3
3. Legal expenses: Ask for assistance from City or County attorney's office.
4. Business plan: Preliminary information indicates that students at the University of Virginia's Darden School will assist with developing the plan pro bono.



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A FUNCTIONING MULTI-
DISCIPLINARY TEAM IS A
REQUIRED COMPONENT
OF A CAC.

Recommendation 2:

Continue and provide funding for the pilot Multidisciplinary Team.

A functioning Multidisciplinary Team (MDTeam) is a required component of a CAC. A pilot MDTeam has been functioning locally since April 2004. During the first six months, the team has met twice monthly for regular review of 48 child abuse, neglect, and victimization cases. The MDTeam has resulted in better coordination of investigation, prosecution, and service provision. Preliminary data emerging from the MDTeam indicates that about 75% of victims are alleged to be sexually abused/assaulted. Additionally, one-fourth of alleged sexual assault perpetrators are themselves children. Approximately 60% of alleged perpetrators are non-caretakers. A recent telephone survey was conducted with all members of the MDTeam. The response was favorable with unanimous support for continuing the team. The team is likely to modify some of its processes to improve efficiency. It is suggested that the proposed facilitator/director provide staff support to the MDTeam.

Suggested start date:

Immediately

Cost:

1. Facilitator/Director: See recommendation 3.
2. Interim staff support from CCF: 8 hours per month- in kind
3. Data analysis by CCF intern: in kind
4. Three hours monthly per team member: in kind

Possible Funding or In-Kind Strategies:

See recommendation 3.



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IT IS RECOMMENDED THAT
A PROJECT FACILITATOR BE
HIRED TO SUPPORT THE CAC
BOARD AND THE MULTI-
DISCIPLINARY TEAM.

Recommendation 3:

Hire a CAC project facilitator/developer.

As indicated in Recommendation 1, establishment of a Children's Advocacy Center will be a labor-intensive proposition, with significant planning and fundraising to be undertaken. The Commission on Children and Families and community partners currently do not have the capacity to provide staffing to the board or complete the tasks required. Furthermore, continuation of the pilot Multidisciplinary Team requires additional staffing. It is recommended that a project facilitator be hired to support the CAC board and the MDTeam.

Suggested Start Date: July 1, 2005 with interim support by CCF staff

Preliminary Tasks:

- Provide staff support to the leadership board
- Assume primary responsibility for implementation of board tasks
- Write policies and procedures
- Draft mission statement and interagency agreements
- Research funding sources and complete grant applications
- Draft business plan and budget
- Serve as facilitator for Multidisciplinary Team

Possible Subsequent Tasks:

- Recruit, hire, train, supervise, and evaluate staff
- Manage budget and fundraising
- Develop and maintain public relations plan

Qualifications:

- Strong organizational skills
- Proven leadership and management capability
- Good interpersonal and negotiating skills
- Experience with program development
- Excellent written and verbal communication skills
- Proven ability to write grants



CHILD ADVOCACY CENTER FEASIBILITY STUDY

by the CCF Family Violence Prevention Work Group

HIRE, TRAIN, AND UTILIZE A TRAINED FORENSIC INTERVIEWER IN ALL SERIOUS CHILD ABUSE AND VICTIMIZATION CASES.

- Skills to create community relations plan.
- Ability to develop and implement fund-raising activities.
- Understanding of non-profit and/or government organizations
- Knowledge of the dynamics of child abuse.
- Experience with group facilitation.

Cost:

1. Interim support by CCF staff: 10-20 hours per week including MDTeam support
 2. Salary and fringes: \$60,000
 3. Supervision (by CCF or other organization): \$5,000
 4. Rent and utilities: \$2,500
- Total: \$67,500

Possible Funding or In-Kind Strategies:

1. Seek implementation grant from National Children's Alliance (Summer, 2005).
2. Conduct grant search and apply for funding.
3. Apply to local Foundations for funding.
4. Utilize IV-e funding.
5. Partner agencies contribute proportionately to support position.

Recommendation 4:

Hire, train, and utilize a trained forensic interviewer in all serious child abuse and victimization cases.

The manner in which a child is interviewed has a major impact on the outcome of civil and criminal proceedings, as well as on the child's ability to comprehend and respond to the intervention process and/or criminal justice system. In a CAC, the forensic interviewer conducts a highly structured and sensitive interview with child victims, and the interview is observed by investigators and, if appropriate, prosecutors. It is recommended that one or more cross-jurisdictional forensic interviewer be identified and trained, and that each police department and department of social services identify and train a back-up interviewer.



CHILD ADVOCACY CENTER FEASIBILITY STUDY

by the CCF Family Violence Prevention Work Group

Recommended start date:

July 1, 2005

Responsibilities:

- Receive extensive training in forensic interviewing practice.
- Conduct interviews with child victims.
- Conduct interviews with non-offending family members.
- Conduct interviews with witnesses, as appropriate.
- Provide court testimony.
- Participate in multidisciplinary team.
- Conduct service assessments as work load permits.

Qualifications:

- Bachelor's degree in field related to criminal justice, social services, law enforcement, nursing, psychology, social work. (Master's preferred)
- Demonstrated professional experience with children.
- Knowledge of child abuse, neglect, and victimization.
- Knowledge of child development.
- Commitment to cross-disciplinary practice.

Costs:

1. Training for forensic interviewer and four staff: \$7,500
2. Salary and fringes for forensic interviewer: \$50,000
3. Supervision of forensic interviewer: in-kind from partners

Possible Funding or In-Kind Strategies:

1. Training: obtain scholarships (DCJS; OJJDP)
2. Forensic interviewer: proportional funding from Charlottesville and Albemarle Departments of Social Services, and the Charlottesville and Albemarle Police Departments
3. Grant funding



CHILD ADVOCACY CENTER FEASIBILITY STUDY

by the CCF Family Violence Prevention Work Group

A CHILDREN'S ADVOCACY CENTER MUST HAVE A CHILD FRIENDLY, SAFE FACILITY WHERE THE NEEDS OF CHILD VICTIMS CAN BE ADDRESSED IN COMPREHENSIVE, COMMUNITY BASED, MULTIDISCIPLINARY SETTING.

Recommendation 5:

Secure a facility.

A Children's Advocacy Center must have a child friendly, safe facility where the needs of child victims can be addressed in comprehensive, community based, multidisciplinary setting. The National Children's Alliance has established minimum usage, facility, and staff requirements for CACs, which are outlined below. Creation of a facility can be a costly and time-consuming enterprise, which requires significant planning, collaboration, commitment, and fundraising. It is recommended that CCF charge the CAC Leadership Board with the responsibility to identify and secure an appropriate facility.

Recommended start date: To be determined.

Required Uses:

- Interviewing child victims and witnesses.
- Interviewing non-offending family members.
- Assessment and mental health treatment for children and non-offending family members.
- MDTeam meetings.
- On-sight consultation for team members.
- Preparation of children for court.
- A place for liaison staff, including co-located staff to work.
- A place for coordination of forensic medical evaluations.

Facility requirements (prescribed by National Children's Alliance):

- Waiting room for children and families (300 s.f.)
- Safe play areas/therapy room for children. (225 s.f.)
- Investigative interview room with additional room/equipment for observation. (400 s.f.)
- Conference room for team meetings (500 s.f.)
- Administrative office (150 s.f.)



CHILD ADVOCACY CENTER FEASIBILITY STUDY

by the CCF Family Violence Prevention Work Group

- Reception space (100 s.f.)
- Halls, bathrooms, kitchen, etc. (825 s.f.)
- Total (2,500 square feet)
- Staff, minimally to including a director, forensic interviewer, and case manager to assure coordination in non-caretaker cases.

Possible location scenarios:

1. Donated or reduced rent existing space (Martha Jefferson Hospital; Legal Aid Justice Center, Ix Building).
2. Location in publicly owned building with reduced rent (Jefferson School, Albemarle County Office Building- Fifth Street, Community Attention building)
3. Space in local buildings currently in planning phase (U.Va. Children's Hospital, Boys and Girls Club, Children, Youth & Family Services, Inc. [CYFS]).
4. Formation of a consortium to share space and rental costs (Piedmont CASA, Piedmont Supervised Visitation Center, CYFS, Juvenile Court Assessment Center)
5. Build/renovate new space.
6. Rent existing space at market price.

Potential Costs (may vary significantly):

- Rent @ \$15/s.f. = \$37,500 yearly
- Build: 4,000 square feet land @ \$14=\$56,000; 2,500 square feet building@\$125=\$312,500; Total= \$368,500
- Furnishings and equipment: \$50,000
- Utilities: \$5,000/year
- Staff (including those identified in recommendations 3 and 4, as well as a case manager and administrative support)= \$200,000

Possible Funding or In-Kind Strategies:

1. Seek donation of space.
2. Approach area building foundations about assistance with space preparation (Building Goodness, Urban Visions).
3. Locate and submit grants.
4. Conduct fund raising campaign.
5. Seek corporate sponsorship.
6. Develop vendible services to offset costs (supervised visitation, custody assessments, co-parenting classes).



CHILD ADVOCACY CENTER FEASIBILITY STUDY

by the CCF Family Violence Prevention Work Group

Section 4: Conclusion

...THERE IS A HIGH LEVEL OF NEED FOR A COORDINATED, EFFECTIVE, SENSITIVE APPROACH TO CHILD VICTIMIZATION.

Development of a Children’s Advocacy Center to provide coordinated services to child victims in Charlottesville and Albemarle will reduce the impact of violence on children by lessening the trauma they experience during investigation and prosecution in the criminal justice system. A CAC will allow these children to be linked earlier and more effectively with support and services. The previous CAC Needs Assessment indicated that there is a high level of need for a coordinated, effective, sensitive approach to child victimization. Local investigators, prosecutors, service providers, and community leaders are poised to act. Leadership and resources are needed to create a Children’s Advocacy Center as a safe haven for local children.



CHILD ADVOCACY CENTER FEASIBILITY STUDY by the CCF Family Violence Prevention Work Group

Family Violence Prevention Work Group Members

The following is a list of members of the Family Violence Work Group. Members who assisted with conducting the study are noted with an asterisk.

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Charlottesville/Albemarle Commission on Children and Families

CHILD ADVOCACY CENTER FEASIBILITY STUDY **by the CCF Family Violence Prevention Work Group**

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