



sheldon kennedy child advocacy centre

One Critical Issue One Integrated Response

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Understanding Child Abuse

Child abuse is a form of trauma.

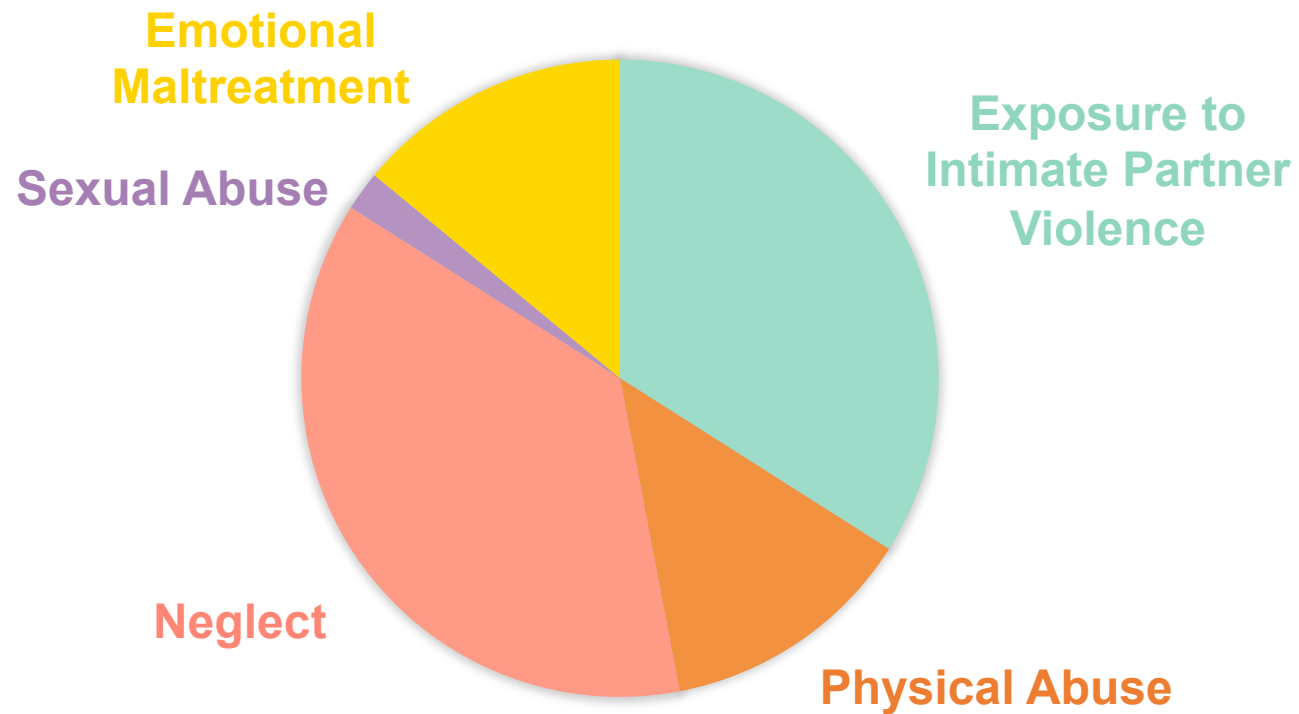
Constant, repetitive trauma impacts brain development.

Changes in brain development leads to life long mental and physical health issues.

With intervention and support, **hope, help and healing is attainable.**

Understanding Child Abuse

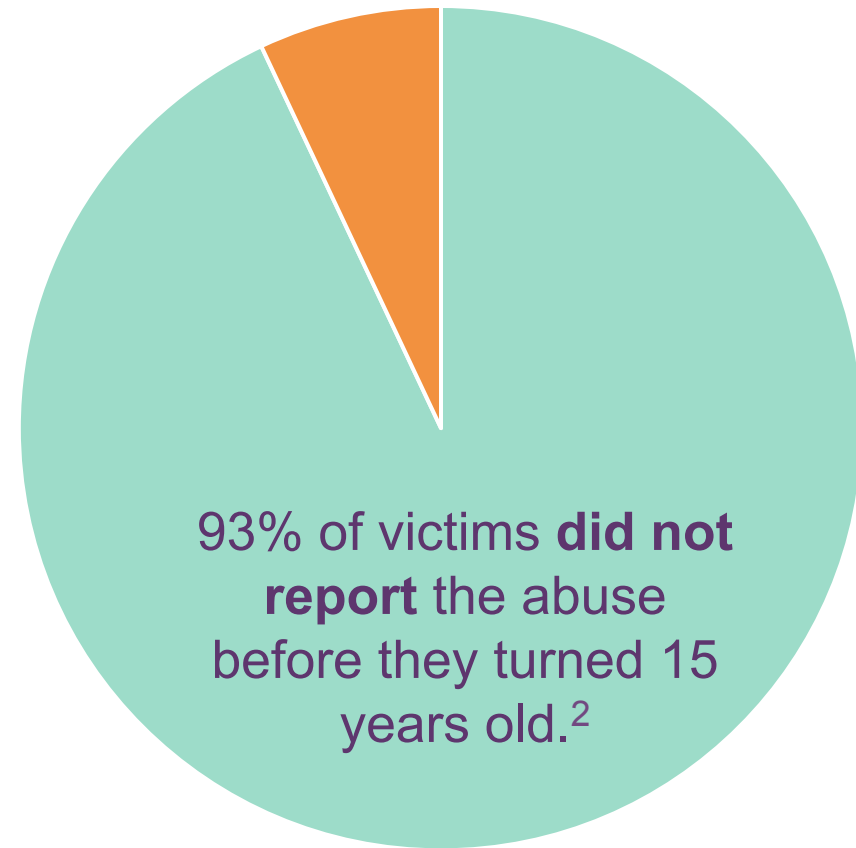
TYPES OF CHILD ABUSE¹



Understanding Child Abuse

Adult victims of child abuse are:

- Twice as likely to experience violent **re-victimization**
- More likely to report poor **physical health**
- Twice as likely to use **illegal drugs**
- More likely to partake in **binge drinking**, and
- Have a higher prevalence of self-reported **mental or psychological limitations**.¹



1: [Canadian Medical Association Journal, 2014](#)

2: [Family violence in Canada: A statistical profile, 2015](#)

Understanding Child Advocacy Centres

A CAC is a **child-friendly facility** in which a **multidisciplinary team (MDT)** works to:

- investigate abuse,
- help children heal, and
- hold offenders accountable.

Understanding CACs

The **MDT** response is a core part of CACs:

- consists of law enforcement, child protection, prosecution, mental health, medical, and victim advocacy professionals
- the child tells their story once
- makes decisions together about how to best help the child
- provides access to therapy, courtroom preparation, case management, and other resources they need when they need them



Understanding CACs



CACs have a critical role within the **child intervention service delivery continuum**:

- minimize system-induced trauma for children and families
- focus on the 15% of the most high risk, complex cases
- support front load staff to provide integrated services, always working in the best interest of the child

Understanding CACs

10 standards and emerging national guidelines of a CAC¹:

1. Multi-disciplinary team
2. Cultural competency and diversity
3. Forensic interviews
4. Medical evaluations
5. Therapeutic intervention
6. Child and family support / advocacy
7. Case review
8. Case tracking
9. Organizational capacity
10. Child-appropriate / child-friendly facility

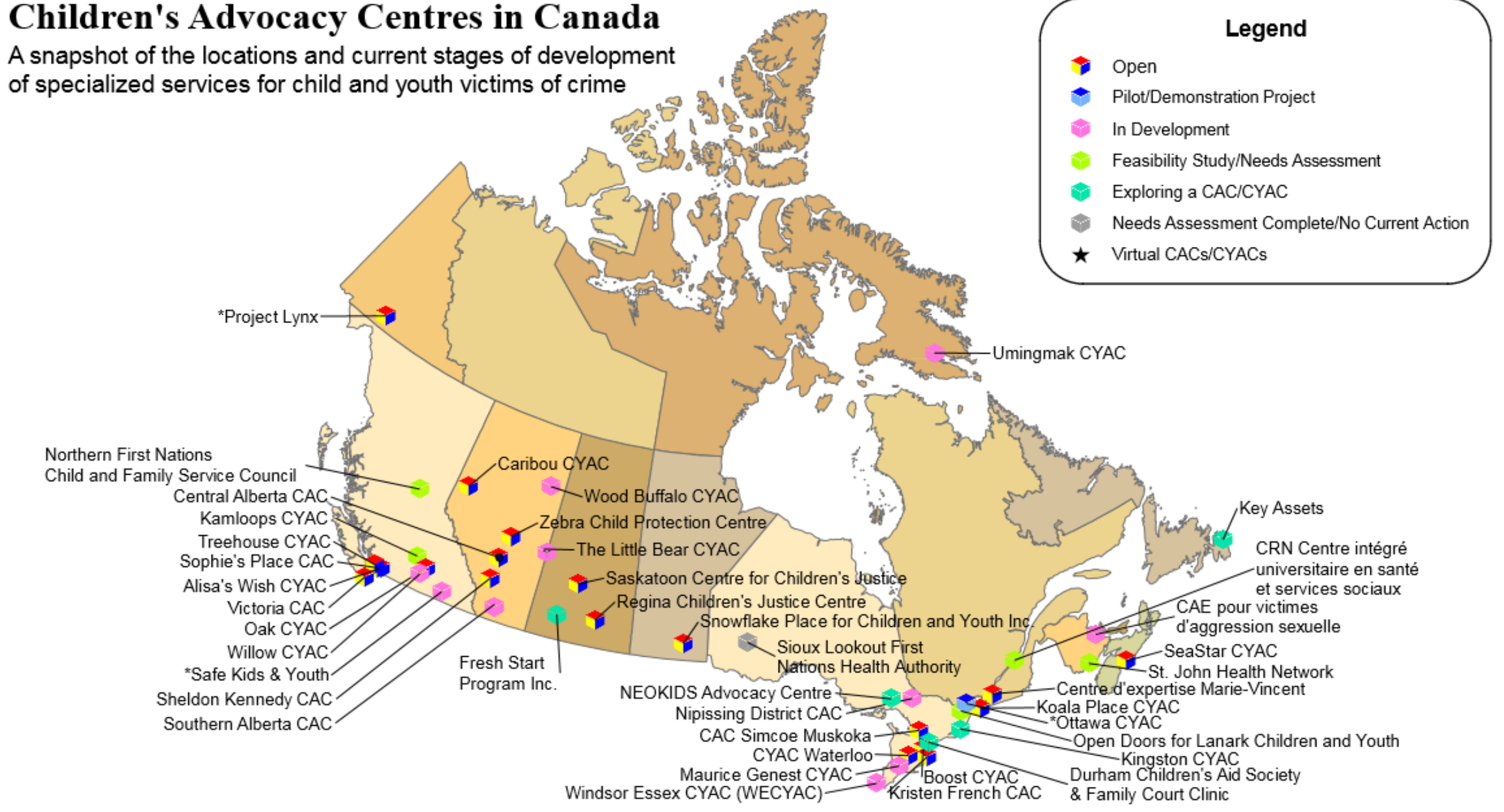


Children's Advocacy Centres in Canada

A snapshot of the locations and current stages of development of specialized services for child and youth victims of crime

Legend

- ■ ■ ■ Open
- Pilot/Demonstration Project
- In Development
- Feasibility Study/Needs Assessment
- Exploring a CAC/CYAC
- Needs Assessment Complete/No Current Action
- ★ Virtual CACs/CYACs



Provincial Network

- Alberta CAC landscape
 - Four open and one in development
- Children First Act
 - Passed in 2013
 - Programs and services that support children are **most effective when provided through a collaborative and multidisciplinary approach.**
- Provincial model of practice
 - Funding formula



CALGARY
POLICE
SERVICE



Understanding The SKCAC

- **120 staff** from **eight partner** organizations.
- An average of **125 cases per month** in its first 5 years.
- Child Life Space visited by more than **15,325 children**.
- **56%** of cases are assigned to **2 or more partners** at triage.
 - 20% of cases are assigned to 3 or more.

Understanding the SKCAC

Where are child abuse cases handled?



Understanding the SKCAC

Outcomes of working in silos:



1. Fragmented sharing of information
2. Fear of sharing of information
3. Insufficient information to make critical decisions
4. Re-traumatization of children, youth & families
5. Children falling through the cracks
6. Increased wait times for support services
7. Lower conviction rates
8. Increased burn out rates among professionals
9. Ineffective use of resources

Understanding the SKCAC

2011

- Chief of Police brings together 4 partner organizations and community/corporate leaders
- Safe Communities Innovation Fund contributes \$1.4 million
- ARC Resources donates first \$1 million

2012

- Physical space secured
- Partners sign MOU

2013

- Partners relocate to the CAC
- CPS interviews the 1st child at the CAC
- Prime Minister Harper renames CAC the SKCAC
- SKCAC officially opens May 23
- Children First Act passed

2014

- Victim Support Program launches
- SKCAC initiates Provincial Model of Integrated Practice discussion with Ministry of Human Services
- National meeting co-hosted at SKCAC by Sheldon Kennedy and Hon. Rona Ambrose

2015

- Meeting with Premier to advance provincial model
- MOU re-signed for 5 years with addition of RCMP and SKCAC
- Elder blesses SKCAC, children and Treaty 7 partnership
- National CAC standards/guidelines process initiated

2016

- Minister of Human Services announces \$1.5 million to advance CAC model
- MOU signed with Tsuut'ina First Nation

2017

- Child Space marks its 10,000th visit
- SKCAC Forensic Interview Model fully developed
- MOU signed with Calgary Catholic School Board
- Database launched
- Webster and Axel join the team

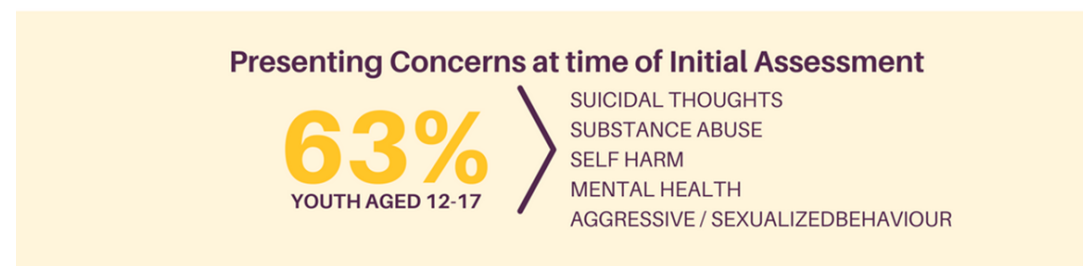
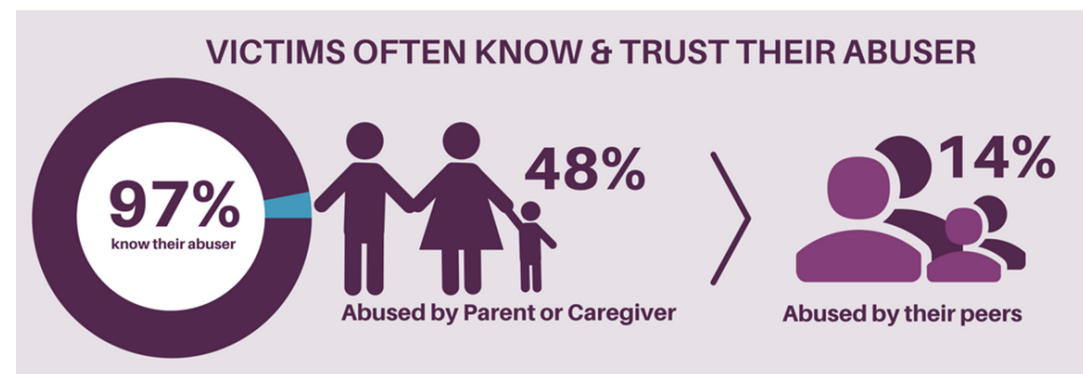
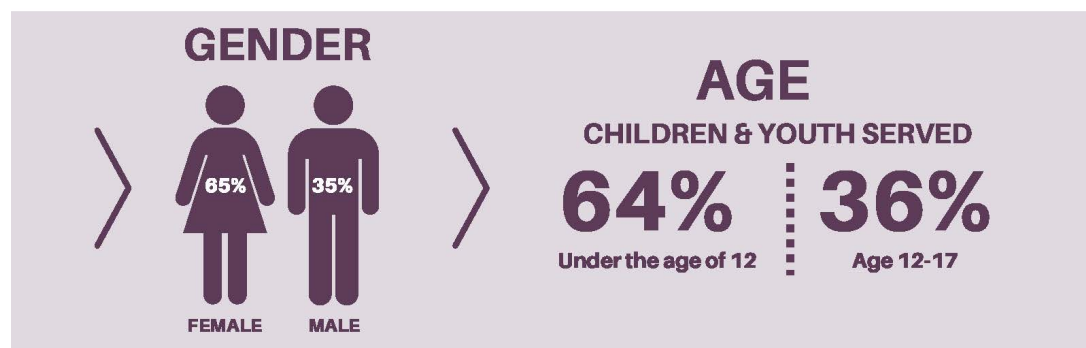
2018

- SKCAC celebrates its 5th anniversary
- SKCAC declares October is Child Abuse Prevention Month in Alberta
- October awareness building campaign takes place
- Canadian launch of The Lisa Project
- Renovations of SKCAC to continue to expand programs and services

Understanding the SKCAC

SKCAC 5 Year Snapshot

(April 1, 2013 - March 31, 2018)



Understanding the SKCAC

SKCAC Mandate - the role of the **CAC / Charity** is to take a leading role in reducing child abuse within the community **by defining the leading practices, strategies, and programs** required to deliver on the integrated model as well as play an **active advocacy role at the provincial, national and international levels.**

The SKCAC currently has 22 employees and supports approximately 90 staff across the Partner agencies, for a total of 112 individuals employed in support of the organization's mandate.

The SKCAC will:

- Research and implement leading practices to treat and prevent child abuse
- Collaborate with and support Partners to ensure their services deliver against these practices
- Provide services where the Partners are unable to, in order to deliver integrated solutions
- Raise public awareness, advocate, and leverage the expertise and skills of the Partners to influence public policies and funding
- Research and evaluate the SKCAC model in order to enhance service delivery and influence public policy
- Be regarded as a leading CAC across Canada for innovative and evidence based integrated services

Understanding the SKCAC

Role of the SKCAC: Providing backbone support to the work of its partners



COLLABORATIVE LEADERSHIP

The SKCAC provides collaborative leadership with its partners to achieve a common vision.



SUPPORTS INTEGRATED PRACTICE

The SKCAC supports integrated practice by leading the establishment of protocols, standards and guidelines, and by delivering a range of frontline services, including: Victim support services; Child Life Specialist; Forensic Interviewer; Volunteer services; Tracking and analysis of data / outcomes.



DELIVER PROFESSIONAL TRAINING

The SKCAC provides training opportunities to improve and build on the expertise of staff working in the Centre; this training is also provided to other jurisdictions.



ADVOCACY, COMMUNITY AWARENESS & EDUCATION

The SKCAC is a leader in the promotion of community awareness, advocacy and education of the public in the importance of addressing child abuse and early childhood trauma, and informing the policy agenda of government.

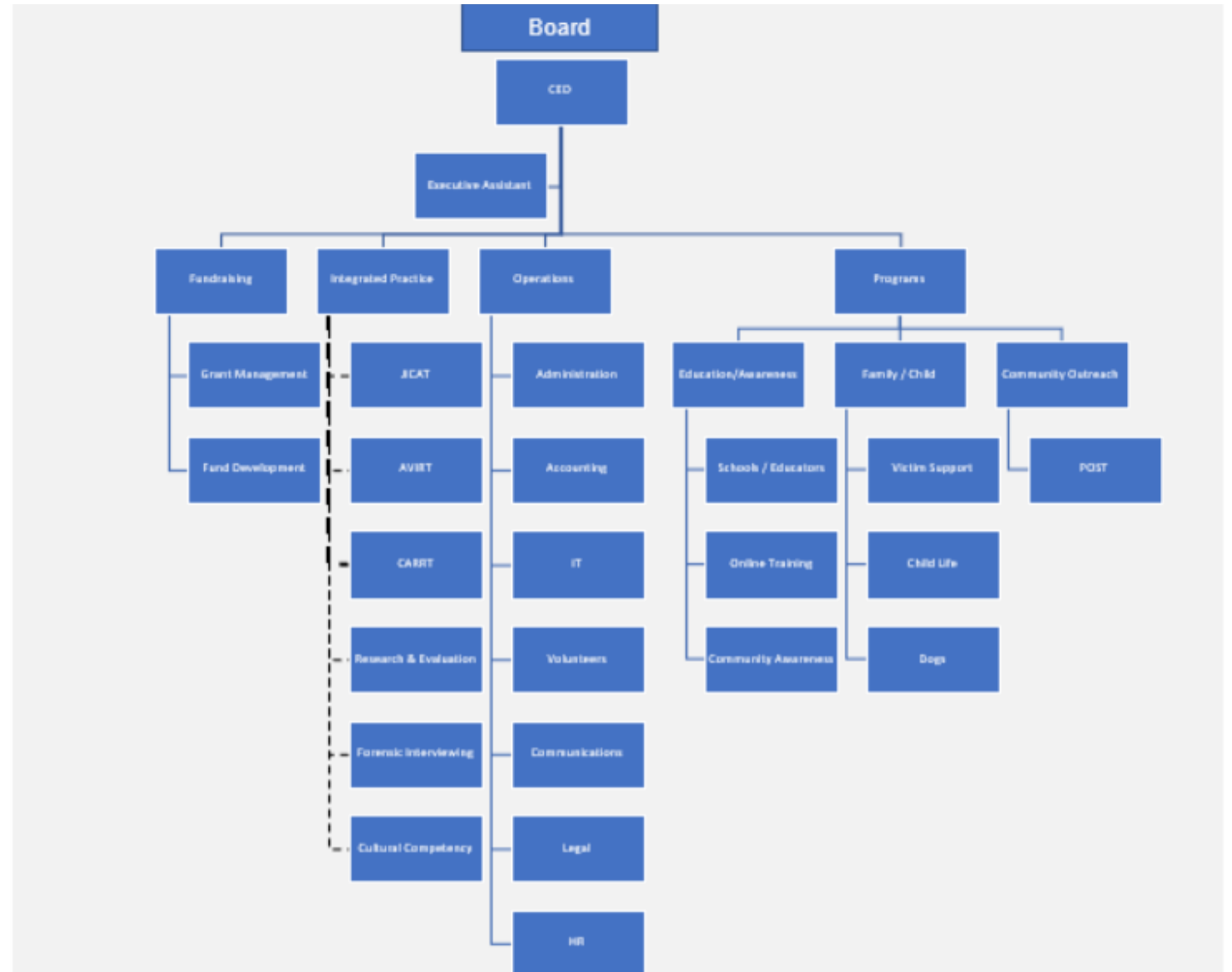


RESEARCH & EVALUATION

The SKCAC takes a leadership role in implementing research and evaluation initiatives to understand and inform the impacts of trauma and what interventions are most effective.

Considerations of the Matrix Model

- SKCAC works in partnership with the SLT to set the direction, strategy and plan
- Integrated practice governance is managed by the Practice Specialist
- Non-reporting relationship

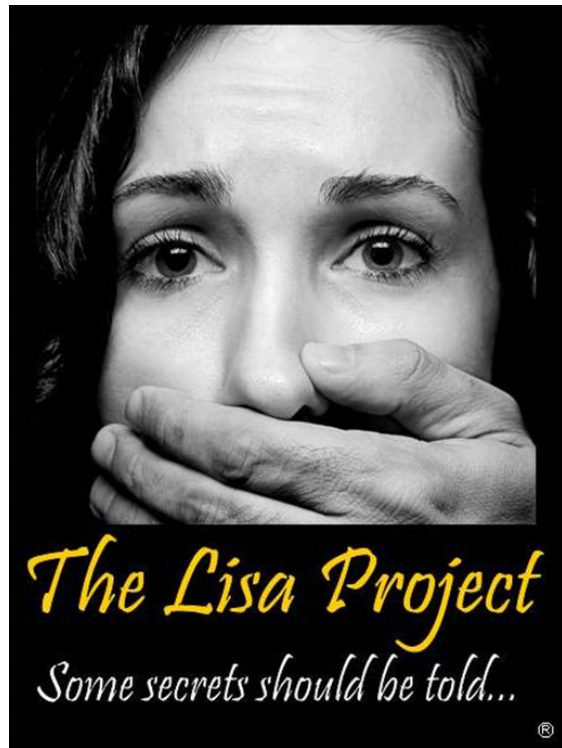


October Awareness Building Campaign

- **October 1:** October officially declared Child Abuse Prevention month in Alberta
- **October 14:** Hillberg & Berk jewelry collection launches
- **October 20:** “A Gentleman” premieres
- **October 23:** The Lisa Project Canadian debut
- **October 30:** Donor and volunteer celebration event
- **November 1:** “Being Trauma Aware” launches
- **November 6:** Staff celebration event



The Lisa Project



10 minutes of your time.

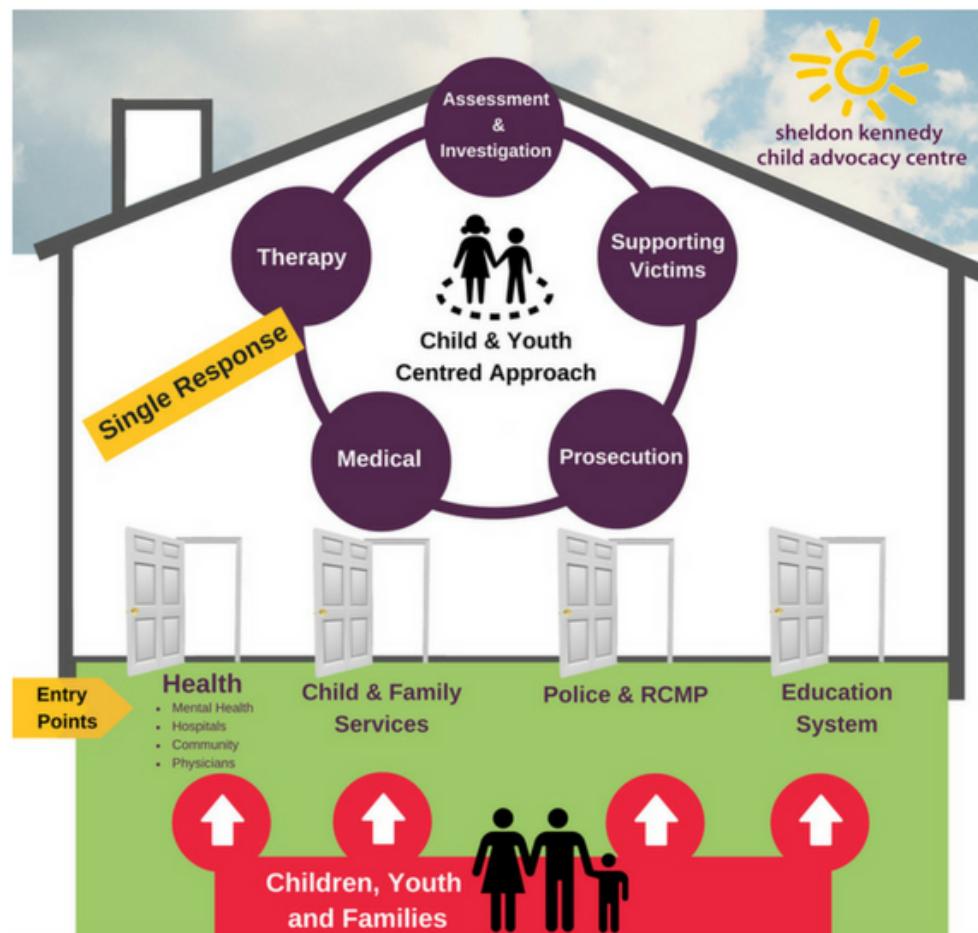
10 minutes of understanding.

10 minutes that could change a child's life.

The Lisa Project is a 10-minute immersive, multi-media exhibit which tells the story of abuse from a child's perspective. This impactful experience shows that child abuse is a prevalent, community-owned issue which requires our urgent attention and advocacy.

We are very excited to bring The Lisa Project to Canada for the first time with the generous support of our partners, MEG Energy.

Understanding the SKCAC



The power of the Child Advocacy Centre is unleashed through:

- One single response
- Integrated services offering the right support at the right time
- Wrap around victim support services
- Never close a case

Understanding the SKCAC

Children, youth, and families who have been affected by child abuse can access all of the necessary resources at a single location.

VICTIM SUPPORT

Walks alongside families in their road to recovery.

Provides support, information, and referrals, and ensures children's rights are at the forefront.

Consists of an Indigenous Victim Support worker, a Court Support individual, and facility dogs who provide support throughout their process.

CHILD LIFE

Meets with the child and family to minimize any stress by explaining what to expect, assessing the need for additional support, and ensuring everyone's needs are met.

Consists of a Child Life Specialist, a team of Volunteers, and Pet Access League Society, a volunteer based not-for-profit bringing visitation pet therapy to those who need it most.

THERAPEUTIC SERVICES

Helps children and their caregivers heal from trauma by promoting healthy coping responses.

Work to prevent further mental health related concerns and additional re-traumatization to children.

Includes treatments which are trauma-informed, evidence based, best practices.

Emerging Impacts



Greater understanding of the impact of trauma on brain development



Improved timeliness in the coordinated assessment and investigation of child abuse cases



Time saved in collecting critical information at the front of a case



Reduction in the number of interviews children are required to provide to CPS, CFS, AHS, RCMP, and the Crown



Improved collaboration and working relationships among partners in the Centre

Emerging Impacts

Child abuse emergencies at the Alberta Children's Hospital are **assessed and addressed within 90 minutes** rather than hours.¹

Children receiving preparation and support by a Child Life Specialist had their **examination time reduced by up to 50%**.¹

In 100% of cases, representatives from police, child protection and health (therapy and medical) participated in **daily case assessment and planning**.¹

56% of cases were **managed collaboratively** with at least two partners.¹

The annual cost of child abuse in Alberta alone is estimated to be \$2.4 billion. This implies that SKCAC needs to achieve only 0.1% reduction in the annual costs of child abuse in Alberta in order to have a positive SROI.²

1: SKCAC's Five-Year Look-Back

2. The SKCAC: Social Return on Investment Study

Emerging Impacts

Stakeholder	Effort Saved per Year	Value of Time Saved
Alberta Health Services	1,472 hours	\$115,000
Calgary Police Service	822 hours	\$59,000
Children's Services	2,875 hours	\$200,000
Courts/Crown	15 hours	\$20,000
RCMP	616 hours	\$37,000
Children & Families	11,750 hours	\$119,000
TOTAL	17,550 hours	\$550,000¹

The SKCAC created ~\$550,000 in annual productivity improvements across stakeholders in one team, such as time saved in:

- collecting information at the front end of the case
- assigning personnel for investigation and treatment following initial presentation
- travelling between agencies
- visits to the emergency department that may not be required

Existing Evidence



Existing research has focused primarily on **inputs:**

- improved efficiencies,
- cost-savings,
- access to medical and mental health services,
- caregiver satisfaction with investigative process, and
- need for only one forensic interview of the child.

See:

[National Children's Advocacy Center. Efficacy of Children's Advocacy Centers: A Selected Bibliography \(2017\)](#)

Evidence Needed



Much less is known about **outcomes**; i.e. **how does the CAC model make children safer and healthier?**

- Children's mental health
- Children's physical health
- Academic and social outcomes

There is a vital need for systematic research to compare outcomes for children served by CACs to archival data on outcomes following child abuse.

Final Thoughts

1. Commitment to integrated practice and co-location is essential.
2. Provincial network and practice model must be fleshed out.
3. Vital need for further research and evaluation.
4. Strengthen the role of the private sector in terms of philanthropic support and thought leadership.
5. Necessity to finalize national guidelines, establish sustainable federal funding model, and create a body to monitor / accredit CACs.

Questions?

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Thank You!

