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HOUSE OF REPRESENTATIVES
COMMONWEALTH of PENNSYLVANIA

House Democratic Policy Committee Roundtable

Thursday, February 29, 2022 11:00 a.m.

Chair: Representative Mary Isaacson | Host: Representative Justin Fleming

Topic: Children's Advocacy Centers

11:00 a.m. Welcome and member introductions

Roundtable participants:

Lynn Carson, Executive Director
UPMC Child Advocacy Center of Central PA

Chris Kirchner, Executive Director
Children's Advocacy Centers of PA

Sean McCormack, District Attorney
Cumberland County

Tina Nixon, Vice President of Mission Effectiveness, Diversity Equity & Inclusion
UPMC in Central PA

Marissa McClellan, Administrator
Dauphin County Social Services for Children and Youth

Kirsten Kenyon, Director, Office of Research, Evaluation & Strategic Policy
Development
PA Commission on Crime and Delinquency

Nick McConnell, parent of child assisted by a CAC

11:50 a.m. Tour of UPMC Child Advocacy Center of Central PA

For child victims of abuse, Children's Advocacy Centers (CACs) are essential service providers that deliver safety, justice & healing. But not every child in Pennsylvania has access to a CAC within reasonable drive time and without a wait for critical intervention and support.

Please support our request for \$4.5 million in additional state funding for CACs.

41

Children's Advocacy Centers (CACs) in Pennsylvania, accredited by National Children's Alliance to provide a child-friendly, evidence-based & trauma-informed response to abuse.



15,735

Pennsylvania children who came to a CAC in 2022 because of suspected physical or sexual abuse, neglect, or witness-to-violence.

75%

Cases referred to CACs in Pennsylvania involving allegations of child sexual abuse (CSA)

"The adverse consequences of child sexual abuse for children and society can last a lifetime, depriving a child of their full potential. Sexual crimes against children are also a factor in many of society's most significant and expensive problems, including: substance abuse; mental illness; chronic disease; school dropout; teen pregnancy; delinquency; and crime."

"Preventing Child Sexual Abuse in America," Oct. 9, 2012. [Preventing Child Sexual Abuse in America: Op Ed - Darkness to Light](#) (accessed 3/21/23).

CACs ensure an effective, trauma-informed multidisciplinary investigative team (MDIT) response as required by PA state law, and provide critical services for child victims of abuse and their caregivers, including:



forensic interviews conducted by a specially trained interviewer in partnership with MDIT members



personalized victim advocacy to support non-offending caregivers and help families heal



specialized medical evaluations by providers trained in diagnosing child abuse injuries



trauma therapy to help child victims heal after abuse

Pennsylvania legislators, we need your help.

Children's Advocacy Centers are key to delivering an effective, trauma-informed, multidisciplinary team response to child abuse; to achieving safety, healing, and justice for child victims; and to making communities safer. However, to achieve these objectives and to serve every child victim in our state with the full array of services needed, CACs must be better funded.

We call on you to establish Children's Advocacy Centers line item funding at an initial appropriated amount of \$4.5 million in the 2024/25 budget to ensure that all child victims of abuse in our state receive the response they deserve.

\$0.76

Current PA state funding allocated to CACs via birth certificate fees, per capita based on child population

Pennsylvania's current state funding for CACs—\$2 million from fees on birth certificates—has been instrumental in developing a statewide network of Children's Advocacy Centers over the past decade. However, funding for CACs now lags significantly behind our peer states and is an underinvestment in these critical resources for children. Furthermore, the development of new CACs to meet the needs of Pennsylvania children will place increasing stress on limited funds as they are dispersed across more programs.

\$2.45

Projected state funding allocated to CACs, with requested increase of \$4.5 million

All states with child population of 2 million or higher that fund CACs allocate significantly more (between \$1.25 and \$5.22 per capita of child population) than Pennsylvania's current funding. The requested increase of \$4.5 million would bring the state's total investment in CACs to \$6.5 million or approx. \$2.45 per child.

Of the requested \$4.5 million, \$4 million will be distributed to existing CAC programs to provide services to child victims and families impacted by child abuse. We are also seeking \$500,000 to be used by the State Chapter (PennCAC) to develop CACs and support existing programs operating in the state of Pennsylvania—ensuring the ability of all CACs to comply with all national accreditation standards for Children's Advocacy Centers.



Scan the code or click
here to watch "About
CACs" video series on
YouTube!



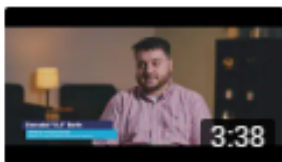
About CACs: Inspiring Hope, Ending Abuse

What is a CAC? How does it work? Why does it matter? This video introduction provides an overview of the Children's Advocacy Center model of response to...



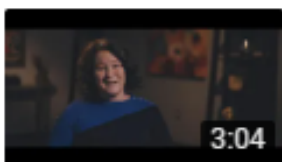
About CACs: Child-Focused Investigation

Part 2 of a series on Children's Advocacy Centers. This video highlights the collaboration of team members who respond to child abuse, with an emphasis...



About CACs: Support for the Healing Journey

Part 3 in our About CACs series takes a closer look at the ongoing support that CACs offer to child victims and families so they can heal, in every way,...



About CACs: A Survivor's Story

Part 4 in a series about Children's Advocacy Centers, this video shares and celebrates the healing journey of one survivor who reflects on "how far we've..."



About CACs: Don't Wait, Don't Hesitate

Part 5 in a series about Children's Advocacy Centers, this video focuses on the importance of reporting concerns when child abuse is suspected. To make a...

CASE FOR SUPPORT

of Commonwealth Funding for Children's Advocacy Centers (CACs)

Executive Summary

In 2022, 41 county-based Children's Advocacy Centers (CACs) provided essential services to 15,735 child victims of alleged sexual and physical abuse in the Commonwealth of Pennsylvania, supporting the state-mandated multidisciplinary investigative team (MDIT) response to child abuse. In accordance with National Children's Alliance accreditation standards, CACs ensure the delivery of a child-focused, trauma-informed, and team-supported intervention that reduces additional harm to child victims, improves the quality of investigations, and makes our communities safer.

 **It is critical that every child victim of abuse in Pennsylvania has access to a CAC within reasonable drive time and without a wait for essential services that provide safety, justice, and healing.**

PROBLEM: Pennsylvania's existing state funding for CACs —\$2 million from fees on birth certificates (currently, \$47,000 per CAC and \$400,000 for the State Chapter)— has been instrumental in developing a statewide network of CACs. However, funding for CACs in Pennsylvania now lags significantly behind our peer states and is an under-investment in critical resources for children. Furthermore, the development of new CACs to meet the needs of Pennsylvania children will place increasing stress on limited funds as they are dispersed across more programs.

SOLUTION: An additional, sustained appropriation for CACs will ensure the ongoing delivery of the MDIT response to child abuse that is required by Pennsylvania Child Protective Services Law. In support of new state funding, the following case addresses:

1. the Children's Advocacy Center (CAC) model of response;
2. the scope and impact of child abuse;
3. the benefits of using CACs to deliver MDIT response;
4. a brief history of the CAC movement in Pennsylvania
5. current funding sources, challenges, and priority needs;
6. establishment of line item funding to strengthen and sustain CACs in Pennsylvania



As the State Chapter representing member CACs in Pennsylvania, Children's Advocacy Centers of Pennsylvania (PennCAC) requests a new \$4.5 million appropriation in the 2024/25 budget to be used as follows:

- \$4 million to be distributed to local CACs in Pennsylvania to improve their capacity to respond to all referred cases with the full array of services and resources that child victims and their supporting caregivers need for healing and justice; and
- \$500,000 to the State Chapter (PennCAC) to strengthen existing CACs and support development of new programs where none currently exist.

1. The CAC Model

CACs are critical first-responders to allegations of child sexual abuse, serious physical abuse, child witness-to-violence, extreme neglect, and crimes involving commercial sexual exploitation of children (CSEC). The foundation of the CAC model is a child-friendly, trauma-informed, collaborative response, led by a multidisciplinary investigative team (MDIT) and supported by a continuum of services designed to provide healing and justice for child victims and their non-offending caregivers.

Before CACs existed, it was common practice for professionals from child protective services, law enforcement, prosecution, and medical systems to interview a child victim separately in police stations, hospitals, and other unsuitable environments—even in their homes where the alleged offender was present. Repeated, uncoordinated interviews and lack of specialized training caused additional trauma to child victims and complicated the investigative process. Recognizing the need for a better approach, agencies began working together and from that collaboration the CAC model was developed in the U.S. as the best-practice response to child abuse.

Pennsylvania Child Protective Services Law (CPSL)

requires a multidisciplinary investigative team (MDIT) response to allegations of child abuse adhering to “standards and procedures to avoid duplication of fact-finding efforts and interviews to minimize the trauma to the child...”

*Ref. Subchapter D
Section 6365(c)*

What does a CAC’s child-friendly and collaborative response mean for child victims who have experienced abuse?

SAFETY

CACs coordinate the first-responder intervention by law enforcement, child protective services, and medical professionals to investigate allegations of abuse and ensure children’s safety and well-being.

JUSTICE

CACs facilitate better case development and prosecution, resulting in interventions that hold offenders accountable.

HEALING

CACs reduce trauma by avoiding repeated interviews, providing a child-friendly environment that helps children feel comfortable to disclose abuse if it has occurred, and ensuring that victims and families receive the support and services needed to move forward after abuse.



Currently there are more than 900 CACs in the United States. CACs are accredited by National Children's Alliance (NCA) and supported by the Office of Justice Programs. NCA has established National Standards for best-practice delivery of services, which all CACs must demonstrate every five years. CAC services that demonstrate a nationally accredited response to child abuse include:



- Centrally located, child-friendly facility where children can feel comfortable talking about their experiences
- Collaborative response documented in formal protocols to ensure information-sharing and decision-making across agencies, through the life of a case
- Specially trained forensic interviewers who are neutral fact-finders and can talk with children about alleged abuse while MDIT members observe and gather information for their respective investigations
- Victim advocates who support children and non-offending caregivers through the life of a case
- Medical evaluations conducted by specially trained providers
- Long-term trauma therapy and mental health services provided on-site or through linkage agreements
- Regular case review and case tracking across all agencies and systems
- Commitment to culturally responsive, child-focused services throughout the life of all cases

Children's Advocacy Centers of Pennsylvania (PennCAC) is one of 50 State Chapters representing local CACs—with the mission to promote, assist, and support the development, growth, and continuation of the CAC model and a multidisciplinary response for the protection of Pennsylvania's children.

2. Dynamics & Impacts of Child Abuse

The CAC services outlined above represent a comprehensive response to complicated cases that cannot effectively be handled unless investigative agencies and service providers are working together. Child sexual abuse and child physical abuse each involve unique sets of concerns that may impact the well-being of child victims now and in the future, as well as the outcome of investigations and provision of follow-up services.



forensic interviews conducted by a specially trained interviewer in partnership with MDIT members



personalized victim advocacy to support non-offending caregivers and help families heal



specialized medical evaluations by providers trained in diagnosing child abuse injuries



trauma therapy to help child victims heal after abuse

CHILD SEXUAL ABUSE: DEALING WITH SHAME AND BLAME

The majority (75%) of cases referred to Children’s Advocacy Centers in Pennsylvania involve allegations of CSA or child sexual abuse.[1] In most CSA cases, the perpetrator is not a stranger but a family member or someone whom the family knows and trusts. Because of the nature of this type of abuse and of the relations between victim, perpetrator, and family members, CSA often results in significant emotional and psychological stress to child victims. The dynamics of CSA include shame, secrecy, self-blame, denial, all of which make it hard for children to disclose, even in the best scenario.

CHILD PHYSICAL ABUSE: DIAGNOSING INJURIES

In many cases of alleged child physical abuse, when the child is verbal, the child’s statement is an important part of the investigation. Information must be gathered from caregivers, and medical evaluations are necessary. Similar to CSA investigations, MDT collaboration, medical evaluations, victim support services, long-term therapy, and case tracking through all systems is vitally important.

IMPACTS OF CHILD ABUSE AS ADVERSE CHILDHOOD EXPERIENCE (ACE)

The Centers for Disease Control (CDC) states that “[c]hild abuse and neglect are serious public health problems that can have long-term impact on health, opportunity, and wellbeing.”[2] Indeed, research demonstrates child abuse—both sexual and physical abuse, as well as extreme neglect—to be an Adverse Childhood Experience (ACE) that can result in lifelong trauma and associated negative physical, mental, and behavioral health outcomes for individuals.[3]

Darkness to Light, a national child abuse research and prevention organization, summarizes the negative impact of child abuse—and especially of child sexual abuse: “The adverse consequences of child sexual abuse for children and society can last a lifetime, depriving a child of their full potential. Sexual crimes against children are also a factor in many of society’s most significant and expensive problems, including: substance abuse; mental illness; chronic disease; school dropout; teen pregnancy; delinquency; and crime.”[4] The disproportionate representation of child sexual abuse trauma among the U.S. prison population provides one frame of reference for the impact of ACEs: 49% of incarcerated men and 52% of incarcerated women were sexually abused as children, compared to just 7% of men and 17% of women in the general population.[5] The societal price-tag of child sexual abuse should be emphasized—as the Darkness to Light reference above notes, these are “expensive problems.” The trauma associated with child sexual abuse places significant stress on healthcare and criminal justice systems, and results in lost earning potential for individuals as well as intergenerational poverty.

[1] See Appendix Item C, 2021 Pennsylvania CAC Service Data. CSA occurs when an adult or another—typically older—child asks or pressures a child for sexual contact. The abuser may use physical abuse, bribery, threats, tricks, or take advantage of a child’s limited knowledge of sexual matters. Sexual abuse can also include taking photos of a child, or showing a child pornography through pictures, magazines, movies, online, etc.

[2] [Child Abuse and Neglect Prevention | Violence Prevention | Injury Center | CDC](#) (accessed 3/21/23)

[3] The original ACEs study was conducted by Kaiser Permanente and the Centers for Disease Control (CDC). For more information on the study, see [About the CDC-Kaiser ACE Study | Violence Prevention | Injury Center | CDC](#).

[4] “Preventing Child Sexual Abuse in America,” Oct. 9, 2012. [Preventing Child Sexual Abuse in America: Op Ed - Darkness to Light](#) (accessed 3/21/23).

[5] “Comparison of ACE Categories” at [Childhood Trauma Statistics - Compassion Prison Project](#) (accessed 3/21/23).

3. Benefits of CACs

By providing the supportive services needed to help children who have experienced abuse heal from trauma, CACs can reduce a child victim's risk profile as it pertains to the negative health, behavioral, and economic outcomes addressed above. Additionally, with the objectives of healing and justice, the specialized response that CACs provide has significant benefits for child victims and their caregivers; for the MDIT investigation; and for the community.

HEALING FOR CHILD VICTIMS & CAREGIVERS

CACs protect children who have experienced abuse from additional trauma by ensuring they are not subjected to multiple interviews in various settings, conducted by untrained professionals. Providing a child-friendly facility and specially trained forensic interviewers helps child victims feel comfortable disclosing abuse if it has occurred. Many CACs report that children who walk in scared and nervous leave visibly relieved—"as if a weight has been lifted from off their shoulders," as Forensic Interviewer Crystal Hudson from the Delaware County CAC reports. The same is true for non-offending caregivers who receive support from victim advocates to navigate a process that can feel overwhelming. Client feedback consistently references a child's or caregiver's reduced anxiety and fear as positive outcomes. Beyond the initial visit, CACs provide ongoing services that contribute to healing—including medical evaluations that ensure a child's health and safety, referrals for trauma therapy that may include caregivers and siblings as well as the child victim, and court accompaniment for cases that proceed to trial.

STRONGER, MORE EFFICIENT INVESTIGATIONS

CACs make it possible for agencies to collaborate more effectively and efficiently on child abuse cases and deliver the MDIT response required by Pennsylvania law. During a child victim's forensic interview, professionals gather at the CAC to share case information in real time and observe the interview. During case review meetings coordinated by the CAC, the team reconvenes to move an investigation forward in a way that is sensitive to the child victim's needs. Video-recorded interviews provided by the CAC allow team members to review a child's statement as many times as needed and may also be used during court proceedings. Medical exams may also provide evidence for investigative decisions.

"The CAC team response allows CYS, prosecutors, and law enforcement to come together, listening and formulating investigative steps using the resources of all the disciplines," reflects Dave Rush, retired Pennsylvania State Police and former Special Crimes Detective with the Franklin County DA's Office. "By relying on a highly trained and experienced Forensic Interviewer, the CAC process enables law enforcement to focus on conducting the investigation, giving team members the peace of mind that the child and family will receive the resources they need to begin their healing process."

SAFER & COST-EFFECTIVE COMMUNITIES

The coordination of services provided by CACs helps to hold offenders accountable and therefore is critical to protecting children—those who have experienced abuse as well as other children who could be vulnerable to future abuse by the same perpetrator. In addition to safer communities,

CACs contribute to more economically healthy communities. According to a 2015 study, the estimated nonfatal child maltreatment per-victim lifetime cost is \$830,928. Largely paid for by the public sector, costs include: healthcare, criminal justice, child welfare, special education costs, and productivity losses.[6] Most of these costs are paid for by the public sector. The services provided by CACs—including intervention and prevention—help reduce those lifetime projected costs to communities.[7]

4. The CAC Movement in Pennsylvania

HISTORY

The first fully developed CACs in Pennsylvania began operating in the early 1990s and gradually expanded over the next two decades as communities across the state recognized the importance of a collaborative response to allegations of child abuse. By 2010, there were 21 CACs in the Commonwealth, serving 7,991 children per year.[8]

In 2011, the Jerry Sandusky case revealed ongoing challenges in Pennsylvania pertaining to the identification and reporting of child sexual abuse, including a lack of collaboration between CPS and law enforcement. As a result of this high-profile case, The Task Force on Child Protection was created by the General Assembly in January 2012 to review the state’s child protection laws and procedures. Significant changes were made to revise criminal codes and create new policies pertaining to reporting and response. As part of this reform, The Task Force recommended that all children in Pennsylvania have access to a Children’s Advocacy Center.

At the time The Task Force convened, the 21 Children’s Advocacy Centers in Pennsylvania received no Commonwealth funding despite their critical role in supporting the state-mandated MDIT approach. With greater legislative recognition and support, CAC development was prioritized by the Commonwealth, resulting in a ten-dollar increase to all birth certificate fees, with a portion of funds allocated to CACs. Additionally, competitive grants were made available to CACs and other agencies providing support to victims of child sexual abuse—both child victims and adult survivors of CSA—through the Endowment Act.[9] This fund was established through the penalty fee of \$48 million paid by Penn State University as part of the Sandusky case settlement.

The Birth Certificate Fee and Endowment Fund grants accelerated the growth of the CAC movement in Pennsylvania over the next ten years. By 2020, Pennsylvania had a robust CAC network of more than 40 locations—each unique in size and structure yet all adhering to national standards for accredited CACs set by National Children’s Alliance.

[6] Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect*, 86,178-183.

[7] Other states have conducted cost savings assessments of using CACs for child abuse response. Louisiana determined the cost savings of CACs to be more than \$1,000 per case. Maryland assessed the ROI of a collaborative, multidisciplinary response to be \$663.38.

[8] Heltzel, Bill, [“Task force on sex abuse to recommend better access to advocacy centers.”](#) The Times, Nov. 24, 2012. (accessed 3/21/23).

[9] [Endowment Act \(pa.gov\)](#)

CAC LOCATIONS & SERVICES TO DATE

Today, there are 41 CACs in the Commonwealth. In 2022, there were 15,735 children served by CACs across Pennsylvania, 75% of whom were alleged victims of sexual abuse, 20% physical abuse, and 5% severe neglect, witnesses to violence and drug endangerment.

Pennsylvania CACs:

*31 Accredited
3 Associate
3 Affiliate
4 Satellite*

Accreditation levels established by National Children's Alliance (NCA). See Appendix for full list of Pennsylvania CAC locations and accreditation status.



CHILD ABUSE INCIDENCE

In 2022, there were 39,093 reports (an increase of 1,080 reports from 2021) of suspected child abuse made in Pennsylvania and 6,047 Uniform Crime Reports of the sex abuse of children.[10] While more complete data is needed to make a comprehensive assessment of statewide child abuse incidence, these figures help demonstrate the scope of the problem of child abuse in Pennsylvania.

GROWTH PLAN

The CAC movement in Pennsylvania has made tremendous gains over the last 30 years; however, we are currently challenged to provide the gold standard of response for every child in our state. Given the total number of reports made and projected challenges of existing CACs providing the response needed, PennCAC is developing a growth plan to ensure better access to the coordinated services provided by CACs in every county in the state, as well as an expanded capacity for CACs to respond in a timely manner with the full array of essential services that child victims need.

There are still 26 counties without a CAC. Although some counties are served by neighboring centers, there are areas where travel time and fuel cost to get child victims to CACs in adjacent counties may be a hardship for families. We must grow our statewide network by developing new CACs and expanding existing services through satellite programs to ensure all alleged child victims who need the resources of a CAC have easy access to one. To that end, PennCAC has developed a growth plan and is actively holding conversations with agency stakeholders in prospective host counties where there is not yet a CAC, and in neighboring counties where an existing CAC may develop satellite services for adjacent underserved communities.

In addition to improved access, we must equip CACs as first responders to successfully deliver the full array of services and resources needed for crisis intervention and ongoing support, in a timely manner. Some of the current barriers to service delivery, discussed in more detail below, include staff shortages and high turnover rates, as well as limited access to and long wait lists for specially trained medical and mental health providers.

[10] [2021 Pennsylvania DHS Child Protective Services Annual Report](#). DHS report does not provide breakdown of total number of sexual abuse versus physical abuse reports by county. Number of reports provided by law enforcement is significantly lower than those from CPS. While PennCAC does not have access to some data sources that could help explain the discrepancy, one factor is the inclusion of physical abuse in CPS reports.

5. Funding Sources, Challenges & Needs

The following chart represents current state, federal, local, and private funding sources for CACs in Pennsylvania:

STATE	FEDERAL	LOCAL	PRIVATE
<p><u>Birth Certificate Fee</u> \$2 million allocation for CACs currently provides \$47,000 annually to each of 41 CACs in Pennsylvania, and \$400,000 for the State Chapter</p> <p><u>Endowment Act</u> Provides some opportunities for competitive grants to CACs and other victim service agencies</p> <p>Medical services for child sexual abuse cases may be reimbursed by <u>victim's compensation funds</u> through PCCD</p>	<p><u>Victims of Crime Act (VOCA)</u> Not all CACs receive these grants, which have not been open for new applications since 2018</p> <p><u>National Children's Alliance (NCA) Grants</u> Competitive grants from national CAC accrediting agency that vary in funding focus and availability</p>	<p>Some grants and reimbursements from the <u>DHS needs-based budget</u> Funding from <u>County Commissioners</u></p> <p><i>Local funding sources and opportunities vary from county to county</i></p>	<p><u>Foundation grants</u></p> <p><u>Individual donors</u></p> <p>Event sponsorships</p> <p>Mental health services may be partially covered by <u>private insurance</u></p> <p><i>All of the above vary by CAC, area resources, and capacity to manage grants</i></p>

Given the competitive and year-to-year nature of Endowment Act, VOCA,^[11] and NCA grant funding, the state's Birth Certificate Fee allocation (currently \$2 million) is the only source of consistent funding for Pennsylvania's CACs. While these funds helped start many new CACs in the years following the Jerry Sandusky case, it is time to establish more sustainable funding sources for CACs in our state. If there is no increase in state funding, new CAC growth will put increasing pressure on the birth certificate funds, which are allocated equally according to total number of CACs. As some CACs receive up to half of their total budget from the birth certificate fee allocation, reductions to individual payouts as new CACs are created will place significant stress on programs.

[11] There has been a decrease in funds released for 2024 VOCA grantees, and additional anticipated cuts to VOCA program funding will present significant challenges to those CACs that do receive these funds.

In the absence of more consistent, reliable, and substantial state and federal funding sources, CACs must make up budget shortfalls with private sector fundraising. While many CACs have successfully secured private sector funds and will continue to do so, fundraising “can put pressure on critical response providers and coordinators” [12]—and therefore impact program deliverability and outcomes for child victims and their families. In smaller communities, fundraising may be limited by per capita income and lack of business partnership opportunities. In summary, CACs experience funding as a significant barrier to program deliverability and growth.

One Pennsylvania CAC director describes the budget planning process:

“It’s a house of cards requiring short-term grants to help stitch things together—but the solutions are only ever year to year and grant to grant.”

PRIORITY FUNDING NEEDS

In preparation for this case development, PennCAC completed a CAC funding assessment survey to assess budget concerns and identify priority needs of existing programs. CACs are considered first responders, and in many counties, their staff are on call 24/7. When CACs receive a report of abuse, child welfare and law enforcement professionals are counting on the CAC for an immediate response—ideally within 24 hours. CACs need to have the staff capacity—including forensic interviewers, victim advocates, intake staff to coordinate the team, and childcare for the family waiting area—to respond quickly and effectively to facilitate a team response across agencies, ensuring all partners are available to support families. The need to provide medical and mental health services in a timely manner is also imperative, and CACs must have the capacity to provide these essential services to all child victims. Particular challenges in these key areas of funding need are considered below.

1. **STAFF CAPACITY & RETENTION**—CACs identified program challenges due to limited staff capacity and low retention as a funding needs priority, especially for forensic interviewer and victim advocate positions. Both of these professionals must be present for a case, shortages in these roles can create delays that may impact a CAC’s ability to respond in a timely manner. Rising costs of health care—one CAC reported a 13% increase for 2023—places additional stress on budgets. For all positions, high turnover rates combined with heavy training and onboarding investment represents a significant loss to a CAC when employees move on to more competitive jobs. Unprecedented inflation compounds all of the above.

2. **MENTAL HEALTH SERVICES**—Surveyed CACs identified on-site trauma-focused mental health services to be a funding need priority. With access to more stable funding, CACs that currently provide these services by referral to external providers would have the option to develop in-house programs. CACs that do offer on-site trauma therapy would increase therapists to reduce waitlists and ensure clients receive treatment according to the evidence-based modalities available for children who have experienced abuse. “We would add mental health programming in-house to facilitate access and address a persistent local problem with lengthy waiting lists and poor access for trauma-focused, evidence-based mental health services in our community.”

[12] [“Shining A Light on the Prevention of and Response to Child Sexual Exploitation and Abuse in the United States,”](#) World Childhood Foundation 2022 Out Of The Shadows Index Report, p. 9.

3. **MEDICAL EVALUATIONS**—A third area identified by CACs as a funding needs priority is developing the capacity of CACs for providing medical evaluations for both child sexual and child physical abuse. Many CACs operate with medical providers who are available on a [one per diem] basis. Rural communities are challenged to identify specialists who can see their children in a timely manner without a long commute, and all counties in the state may experience the loss of an experienced medical provider, and then have challenges delivering services. Many counties that have medical resources report that they still don't have the capacity to offer a medical evaluation to everyone who needs one.

4. **2023 NEW STANDARDS**—In revised 2023 National Standards for Accreditation, NCA delineated requirements for three areas of enhanced focus pertaining to prevention, cases involving commercial sexual exploitation of children (CSEC), and physical abuse. CACs in Pennsylvania will be using these guidelines to increase services in these areas. Stronger funding sources will be essential for program growth in these areas.

6. Children's Advocacy Centers Funding

To ensure that all alleged child victims of abuse in Pennsylvania have easy access to a CAC and that CACs are able to deliver a best-practice response with the full array of services needed for healing and justice, we request that the Commonwealth create a line item for funding of Children's Advocacy Centers at the initial appropriated amount of \$4.5 million. Of the requested \$4.5 million, \$4 million will be distributed to existing CAC programs based on accreditation status, and using a proposed formula that provides a minimum funded amount for all eligible programs as well as additional funding based on an agreed-upon formula. Funds shall be utilized by accredited CACs operating in the state of Pennsylvania to provide services to child victims and families impacted by child abuse, including but not limited to:

- Facilitating a team response to reports of alleged child physical abuse
- Ensuring staff capacity for forensic interviews in child sexual abuse and physical abuse cases
- Comprehensive mental health treatment for abused children
- Specialized medical evaluations
- Ongoing support for multidisciplinary teams
- Ongoing provision of community awareness education, prevention of child abuse education, and child trafficking education utilizing specialized curriculum
- Any other requirement to maintain or achieve NCA Accreditation

We are also seeking \$500,000 to be used by the State Chapter (PennCAC) to develop CACs and support existing programs operating in the state of Pennsylvania—ensuring the ability of all CACs to comply with all national accreditation standards for Children's Advocacy Centers. This will include focused support for forensic interviewer training and peer review, the multidisciplinary investigative team response, and medical and mental health service delivery. It will support specialized outreach to rural counties, as well as to any county that does not yet have an accredited CAC.

HOW THE COMMONWEALTH COMPARES

Pennsylvania has the sixth-largest child population in the nation yet ranks poorly compared to other states that allocate funding for CACs. Currently, funding for Pennsylvania CACs allocated through the Birth Certificate Fee represents only \$0.76 per child and \$129.25 per child served (**current allocation shown in red below**). All states with child population of 2 million or higher that provide funding for CACs allocate significantly more—between \$1.25 and \$5.22 per child and between \$190.72 and \$2,612.87 per child served—than does Pennsylvania.

Establishing funding for Children’s Advocacy Centers at the recommended line item amount of \$4.5 million per year would bring Pennsylvania’s total funding for CACs to \$6.5 million, raising the current amount spent per child in the Commonwealth from \$0.76 to \$2.45 and per child victim served from \$129.25 to \$420.05 (**proposed increase shown in green below**).

STATE	TOTAL CHILD POP <18	TOTAL CHILDREN SERVED (2021)	ALLOCATION FOR CACs	\$ PER CHILD POP <18	\$ PER CHILD SERVED
NC	2,300,645	10,516	\$12,000,000	\$5.22	\$1,141.12
NJ	1,953,643	2,813	\$7,350,000	\$3.76	\$2,612.87
IL	2,857,266	14,813	\$7,900,000	\$2.76	\$533.32
PA (proposed)	2,648,911	15,474	\$6,500,000 <i>(Birth Certificate Fee allocation + proposed line item)</i>	\$2.45	\$420.06
NY	4,068,102	20,644	\$7,200,000	\$1.77	\$348.77
FL	4,229,081	27,754	\$5,293,240	\$1.25	\$190.72
PA (current)	2,648,911	15,474	\$2,000,000 <i>(Birth Certificate Fee allocation only)</i>	\$0.76	\$129.25

Comparison of dedicated funds for CACs by states with child population of 2 million or higher, ranked by amount spent per child population (tan column)

Conclusion

All 50 states, including the Commonwealth, have passed legislation requiring government agencies to collaborate on cases of child abuse. When it comes to providing a response that ensures this team response takes place—and is child-focused and trauma-informed—“Children’s Advocacy Centers (CACs) bear the brunt of the response without being guaranteed financial support.”^[13] This is certainly the current situation in Pennsylvania, as the above assessment of CAC funding sources and challenges makes clear.

CACs are key to delivering an effective, trauma-informed, multidisciplinary team response to child abuse; to achieving safety, healing, and justice for child victims; and to making communities safer. To achieve these objectives and be equipped to provide essential services to every child victim and family in Pennsylvania, CACs must be better funded by the Commonwealth.

Establishment of Children’s Advocacy Centers line item funding at an initial appropriated amount of \$4.5 million represents a commitment to providing a higher-quality intervention that takes place in a timely manner and is available to child victims of abuse in every community across our state.

^[13] [“Shining A Light on the Prevention of and Response to Child Sexual Exploitation and Abuse in the United States,”](#) World Childhood Foundation 2022 Out Of The Shadows Index Report, p. 9.

Appendix

- A. Map of Pennsylvania CACs
- B. List of CAC locations in Pennsylvania by NCA accreditation status
- C. 2019-2022 Pennsylvania CACs service data
- D. March 9, 2023 Armstrong County District Attorney’s Office press release re: Templeton convictions

Pennsylvania CAC Locations

ACCREDITED	
Adams County	Adams County Child Advocacy Center 450 W. Middle St. Gettysburg, PA 17325 (717) 337-9888
Allegheny County	A Child's Place, PA Child Advocacy Center 1515 Locust St., 3rd Fl., Suite 302 Pittsburgh, PA 15219-5166 (412) 232-8817
Allegheny County	Child Advocacy Center at UPMC Children's Hospital of Pittsburgh 4117 Penn Ave., Office 2112 Pittsburgh, PA 15224 (412) 692-8338
Armstrong County	Kay's Cottage P. O. Box 983 325 Arch Street Kittanning, PA 16201 (724) 543-1180
Berks County	Children's Alliance Center of Berks County 633 Court St., 15th Floor Reading, PA 19601 (610) 898-0535
Blair County	Center for Child Justice 501 Howard Ave., Bldg D Suite 203 Altoona, PA 16601 (814) 201-2057
Bradford County	The Children's House Child Advocacy Center P.O. Box 335 Towanda, PA 18848 (570) 265-4132
Bucks County	Bucks County Children's Advocacy Center 2370 York Rd., Suite B5 Jamison, PA 18929 (267) 927-0639
Butler County	Children's Advocacy Center of Butler County 101 Mahood Rd, Butler, PA 16001 (724) 431-3689

ACCREDITED

Cambria County	Circle of Support Child Advocacy Center 117 Work Drive Johnstown, PA 15904 (814) 254-4567
Centre County	Children's Advocacy Center of Centre County, Mount Nittany Health 129 Medical Park Lane Bellefonte, PA 16823 (814) 234-6118
Chester County	Chester County Children's Advocacy Center 201 W. Market St., Suite 4450 West Chester, PA 19380-0989 (610) 344-6875
Clearfield County	Child Advocacy Center of Clearfield County P.O. Box 265 Hyde, PA 16843 (814) 768-3155
Dauphin County	UPMC Child Advocacy Center of Central PA 2645 N. Third St. Harrisburg, PA 17110 (717) 782-6800
Delaware County	Family Support Line Children's Advocacy Center 53 W. Baltimore Pike, 3rd Floor Glen Mills, PA 19342 (610) 268-9145
Erie County	Bradley H. Foulk Children's Advocacy Center of Erie County 1334 W. 38th St. Erie, PA 16508 (814) 451-0202
Franklin County	Over the Rainbow Children's Advocacy Center 40 N. 2nd St. Chambersburg, PA 17201 (717) 504-8491
Indiana County	The CARE Center of Indiana County 125 N. 5th St. Indiana, PA 15701 (724) 463-8595
Jefferson County	Western PA Cares for Kids 3262 Rt. 322 Brookville, PA 15825 (814) 849-1904

ACCREDITED

Lackawanna County	Children's Advocacy Center of Northeastern PA (NEPA) 1710 Mulberry St. Scranton, PA 18510 (570) 969-7313
Lancaster County	Lancaster County Children's Alliance 430 N. Lime St. Lancaster, PA 17602 (717) 544-1929
Lawrence County	Children's Advocacy Center of Lawrence County, Inc. 2010 W. State St. New Castle, PA 16101 (724) 658-4688
Luzerne County	Luzerne County Child Advocacy Center 187 Hanover St. Wilkes Barre, PA 18702 (570) 208-2895
McKean County	Children's Advocacy Center of McKean County 424 W. Main St. Smethport, PA 16749 (814) 887-3354
Mercer County	Mercer County Children's Advocacy Center 8406 Sharon-Mercer Rd. Mercer, PA 16137 (724) 662-1550
Montgomery County	Mission Kids Child Advocacy Center of Montgomery County 180 West Germantown Pike, Suite 1 East Norriton, PA 19401 (484) 687-2990
Northumberland County	Child Advocacy Center of the Central Susquehanna Valley, Geisinger 218 Chestnut St. Sunbury, PA 17801 (570) 473-8475
Philadelphia County	Philadelphia Children's Alliance 300 E. Hunting Park Ave. Philadelphia, PA 19124 (215) 387-9500
Pike County	Dickson House Children's Advocacy Center 506 Broad Street Milford, PA 18337 (570) 832-0089

Wyoming County	Children's Center of Susquehanna & Wyoming Counties 55 West Street Tunkhannock PA 18657 (570) 836-7717
York County	York County Children's Advocacy Center 28 S. Queen St. York, PA 17403 (717) 718-4253
ASSOCIATE	
Lehigh County	John Van Brakle Child Advocacy Center 1627 W. Chew St. Allentown, PA 18102 (484) 633-0935
Monroe County	Children's Advocacy Center of Monroe County P.O. Box 608 Bartonsville, PA 18321 (570) 982-1902
Somerset County	Somerset County Child Advocacy Center 513 Georgian Place Somerset, PA 15501 (814) 445-1628
AFFILIATE	
Crawford County	Children's Interview Center of Crawford County (CICCC) 18282 Technology Dr. Meadville, PA 16335 (814) 333-7300
Venango County	Venango County Multidisciplinary Team (MDT) 1 Dale Ave. Franklin, PA 16323 (814) 432-9775
Warren County	Warren County Children's Advocacy Center 110A E. Saint Clair St. Warren, PA 16365 (814) 313-1004

SATELLITE

Beaver County	A Child's Place, PA at Beaver 1217 7th Ave., Suite 1 Beaver Falls, PA 15010 (412) 232-8837
Fayette County	A Child's Place, PA at Fayette 6 Oliver Rd., Suite 119 Uniontown, PA 15401 (412) 232-8837
Washington County	A Child's Place, PA at Washington Washington County Children and Youth 155 Wilson Ave. Washington, PA 15301 (412) 232-8837
Westmoreland County	A Child's Place, PA at Westmoreland 8981 Norwin Ave., Suite 103 North Huntingdon, PA 15642 (412) 232-8817
Montgomery County	Mission Kids Child Advocacy Center of Montgomery County Satellite 929 Willow Street Pottstown, PA 19464 (484) 687-2990

Pennsylvania Children's Advocacy Centers Service Statistics 2019-2022

	2019	2020	2021	2022
Total number of children served at the CAC:	16,722	13,040	15,474	15,735
Gender of children:				
Male	5,628	4,188	4,718	4,989
Female	11,071	8,799	10,685	10,574
Undisclosed	23	67	71	172
Age of children at first contact with center:				
0-6 years	4,440	3,378	3,756	3,751
7-12 years	6,641	5,048	6,006	6,023
13-18 years	5,638	4,620	5,592	5,938
Undisclosed	3	7	120	23
Total number of alleged offenders:	13,768	10,579	12,941	13,070
Relationship of alleged offender to child:				
Parent	3,909	3,360	3,983	3,967
Stepparent	507	477	477	489
Other Relative	2,726	2,193	2,633	2,606
Parent's boyfriend/girlfriend	1,108	937	1,068	1,047
Other known person	3,867	2,651	3,661	3,686
Unknown	1,878	1,259	1,485	1,578
Age of alleged offenders:				
Under 13	938	604	665	658
Age 13 to 17	1,855	1,320	1,689	1,755
Age 18+	8,161	6,759	8,331	8,063
Alleged Offender Age Undisclosed	2,946	1,993	2,367	2,714
Types of abuse reported:				
Sexual Abuse	12,850	9,839	11,673	11,728
Physical Abuse	3,289	2,711	3,188	3,702
Neglect	243	271	376	406
Witness to Violence	702	659	913	974
Drug Endangerment	183	185	325	356
Other	493	454	507	598
Race or ethnicity of total children seen at CAC:				
White	10,308	8,680	9,661	9,503
Black/African American	3,585	2,192	2,959	2,924
Hispanic/Latino	1,487	1,175	1,367	1,451
American Indian/Alaska Native	19	14	28	14
Asian/Pacific Islander	119	94	118	148
Other	861	567	854	959
Undisclosed	343	424	489	736

Number of the children receiving services:

Medical Exam/Treatment	6,195	4,815	6,838	5,859
Counseling Therapy	2,538	2,487	2,489	1,695
Referral to Counseling Therapy	5,724	4,633	4,730	3,458
Onsite Forensic Interviewing	12,597	9,819	12,257	11,938
Offsite Forensic Interviewing	426	245	41	36

Other Services Provided By CAC

Case Management/Coordination:

Children:	6,381	6,836	7,090	3,375
Adults:	2,597	6,810	3,930	2,249
Age Unknown:	440	179	373	302
Total:	9,418	13,825	11,393	5,926

Prevention:

Children:	11,598	8,277	8,357	25,500
Adults:	9,848	7,256	4,600	6,751
Age Unknown:	116	1	212	120
Total:	21,562	15,534	13,169	32,371



**FROM THE ARMSTRONG COUNTY DISTRICT ATTORNEY'S
OFFICE FOR IMMEDIATE RELEASE**

DATED: Thursday, March 9, 2023

KITTANNING BOROUGH, ARMSTRONG COUNTY:

Armstrong County District Attorney Katie Charlton announced the conviction of William John Kunselman, age 67, of Templeton, of one count of Indecent Assault of a child under 13—course of conduct (Felony of the 3rd degree); one count of Indecent Assault of a child under 13 (Misdemeanor of the 1st degree); three counts of Unlawful Contact with a Minor—sexual offenses, (Felony of the 3rd degree); and one count of Indecent Exposure, (Misdemeanor of the 1st degree); three counts of Corruption of Minors—sexual offenses (Felony of the 3rd degree). The Commonwealth secured the convictions following a day and a half long jury trial before the Honorable Judge Chase G. McClister in the Court of Common Pleas of Armstrong County.

Kunselman was arrested in May of 2022, following an investigation by Trooper Anthony Vaccaro, of the Pennsylvania State Police Kittanning Barracks, criminal investigations unit. The charges were the result of an investigation conducted by Trooper Vaccaro into a report of sexual assaults of three minor victims at a residence in Templeton Borough. After the initial report, the primary juvenile victim was forensically interviewed at Kay's Cottage Child Advocacy Center. The other juvenile victims were forensically interviewed in McKean County. During the forensic interviews, the children disclosed sexual abuse at the hands of the defendant, a relative. Charges were filed as to all victims.

The case was tried by Assistant District Attorney Kendra Strobel. Jury selection took place on Monday, March 6, 2023. The jury trial itself took place on Tuesday, March 7 and Wednesday, March 8. The jury reached a unanimous verdict of guilty on all counts after approximately two hours. At trial, the jury heard testimony from the child victims, the forensic interviewer from Kay's Cottage, JoEllen Bowman, the forensic interviewer from McKean County CAC Joshua Haney, Deputy Warden of the Armstrong County Jail, Matt Prazenica, Trooper Vaccaro, a family friend who one of the children had reported the sexual conduct to, and Janice Wilson, an expert witness in sexual assault victim responses. Additionally, the jury was shown video footage of the child victims' forensic interviews.

In response to the verdict, Attorney Strobel stated, "The victims all testified against their family with incredible strength and poise, something that's unimaginably difficult to do. It's powerful to see them receive the long awaited justice they deserve and I was very happy to personally witness this first-hand in the courtroom."

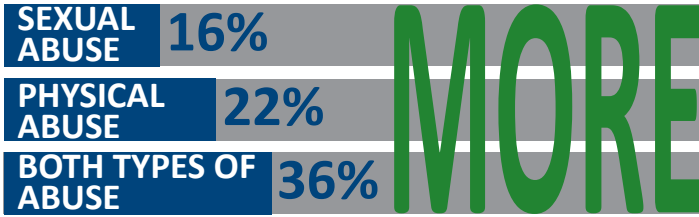
In response to the verdict, Charlton applauded the work of Assistant District Attorney Strobel as well as Trooper Vaccaro, Ms. Bowman and Mr. Haney, the forensic interviewers. "Child sexual assault cases are inherently difficult to investigate and prosecute given their very nature. This case, unfortunately like many others, was even more difficult and emotional for all involved given the additional element of family relation. The child victims in this case were extremely brave to come forward and testify. We can only hope that all victims of sexual abuse, especially child victims, can find the same sense of bravery in an effort to seek closure through justice. I was very happy with the verdict in these cases, which was the direct result of the hard work and efforts of Attorney Strobel and Trooper Vaccaro. This outcome speaks to the professionalism and preparedness of the PSP, our child advocacy center, and the attorneys in my office. Most importantly, this outcome speaks to the courage and heart of the child victims. The children in our community are safer today because of the hard work and dedication of these individuals."

Upon motion of Attorney Strobel, Judge McClister revoked the defendant's bond and ordered a sexual offenders assessment. Sentencing is scheduled for June 28, 2023.

ECONOMIC IMPACT OF CHILD ABUSE



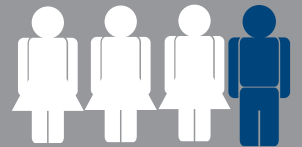
ANNUAL MEDICAL COSTS FOR SURVIVORS¹



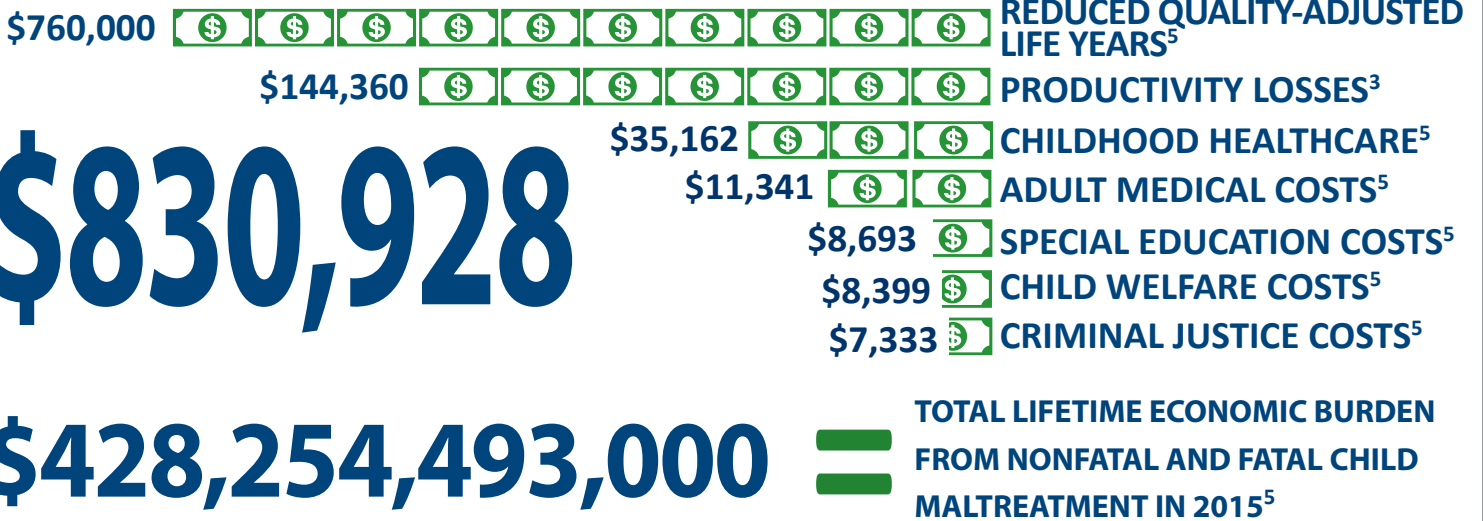
SURVIVORS WERE SIGNIFICANTLY LESS LIKELY TO OWN:



Women abused in childhood appear to have greater long-term economic impacts than men who were abused in childhood.²



LIFETIME COSTS FOR SURVIVORS OF NONFATAL CHILD MALTREATMENT



NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING (NSCAW) 1990-2000⁴



\$2635 **MORE** PER YEAR HEALTH EXPENSES

- PSYCHIATRIC CARE
- INPATIENT HOSPITAL
- OUTPATIENT (PHYSICIAN AND CLINIC)
- PRESCRIPTION DRUGS
- TARGETED CASE MANAGEMENT

INCREASED YEARLY MEDICAID COST RELATED TO CHILD MALTREATMENT IMPACTS (9% OF ALL MEDICAID EXPENSES)⁴

\$5,900,000,000

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4. Florence, C., Brown, D. S., Fang, X., & Thompson, H. F. (2013). Health care costs associated with child maltreatment: Impact on Medicaid. *Pediatrics, 132*(2), 312-318.
5. Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect, 86*, 178-183.

Pennsylvania Children's Advocacy Centers Statistics 2013-2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total number of children served at the CAC:	9,525	11,092	13,617	13,999	15,734	16,645	16,722	13,040	15,474	15,735
Gender of children:										
Male	3,344	3,799	4,673	4,954	5,431	5,643	5,628	4,188	4,718	4,989
Female	6,174	7,289	8,940	9,032	10,294	10,962	11,071	8,799	10,685	10,574
Undisclosed	7	4	4	13	9	0	23	67	71	172
Age of children at first contact with center:										
0-6 years	3,359	3,435	4,110	4,060	4,469	4,658	4,440	3,378	3,756	3,751
7-12 years	3,415	4,117	5,144	5,344	6,041	6,510	6,641	5,049	6,006	6,023
13-18 years	2,734	3,540	4,350	4,593	5,224	5,474	5,638	4,619	5,592	5,938
Undisclosed	17	0	13	2	0	3	0	7	120	23
Types of abuse reported:										
Sexual Abuse	8,085	9,488	11,194	11,431	12,504	13,021	12,850	9,837	11,673	11,728
Physical Abuse	1,088	1,397	2,085	2,218	2,605	2,785	3,289	2,710	3,188	3,702
Neglect	287	85	170	211	253	285	243	271	376	406
Witness to Violence	217	269	387	410	541	613	702	659	913	974
Drug Endangerment	28	35	58	79	160	192	183	185	325	356
Other	115	118	228	253	463	506	493	454	507	598
Number of the children receiving services:										
Medical Exam/Treatment	2,992	3,804	5,002	5,562	6,087	6,360	6,195	4,815	6,838	5,859
Counseling Therapy	1,741	2,263	2,547	2,511	2,732	2,400	2,538	2,487	2,489	1,695
Referral to Counseling Therapy	3,201	4,038	4,270	5,357	6,095	5,743	5,724	4,633	4,730	3,458
Onsite Forensic Interviewing	7,385	8,541	10,342	10,591	11,599	12,133	12,597	9,819	12,257	11,938
Offsite Forensic Interviewing	278	331	235	321	551	623	426	245	41	36

Who We Are

Inspiring
hope.
Ending
abuse.
Helping
children
heal.



Children's Advocacy Centers of Pennsylvania

Established in 2007, we are a statewide nonprofit coalition of 40+ Children's Advocacy Centers (CACs) in Pennsylvania. Committed to a child-focused, evidence-based, and trauma-informed response, CACs intervene to stop child physical and sexual abuse and provide the services and resources that victims and families need to heal. Working collaboratively with a multidisciplinary team of professionals—victim advocates, law enforcement, child welfare caseworkers, as well as medical and mental health professionals—CACs ensure a seamless response to abuse that is not only effective and efficient but, most importantly, puts the needs of child victims first.

At PennCAC, our mission is to promote, assist, and support the development, growth, and continuation of the CAC model and a multidisciplinary response for the protection of Pennsylvania's children.

We are part of a national network of over 900 individual CACs organized into State Chapters and accredited through the National Children's Alliance (NCA) in Washington, D.C. At the state level, PennCAC supports the development of new CACs where there are gaps in services; helps sustain existing CACs by providing resources, training, and technical assistance; and creates greater public awareness about the critical work done by CACs to protect Pennsylvania's children from abuse and help victims and families heal.



Backed by
National Children's Alliance®
Accredited Chapter

penncac.org

Our History



Traumatized kids don't need more trauma

Before there were Children's Advocacy Centers, child victims of abuse were often re-traumatized by the very agencies, people, and processes intended to help them. It used to be common practice for professionals from child protective services, law enforcement, legal, and medical systems to interview a child independently of each other—in police stations, hospitals, and other adult environments. Because these interviews were set up to meet the diverse and sometimes conflicting requirements of the agencies involved, a child victim had to recount what happened to them multiple times.

In addition to re-traumatizing the child, the proliferation of interviews often complicated the trial process. Something needed to change.

A better way—the CAC model

Recognizing the need to better serve victims, communities across the U.S. began in the mid-1980s to introduce a new, multidisciplinary model for responding to abuse that would prioritize the needs of the child.

Instead of pursuing their investigations separately, agencies began to work together across disciplines. This team approach resulted in a more efficient, effective, and—most importantly—child-focused response. Out of this collaborative model, the first Children's Advocacy Centers were established in 1986.

At a CAC, a trained forensic interviewer questions the child while team members are present to observe. In many cases, a child only has to tell what happened once. When a CAC is involved, child abuse investigations are more efficient, have better outcomes, and reduce trauma to the victim. This means a child can start their healing journey sooner.

During the 1990s and 2000s, CACs expanded across the state at a moderate pace until the high-profile Penn State Sandusky case in 2011 led to additional state funding that accelerated their development.

Today, our coalition has grown to include more than 40 locations statewide—each tailored to reflect its local community and needs while adhering to national standards for the CAC model of response to child abuse.



Each year Children's Advocacy Centers in our state serve more than 16,000 child victims and their families by providing:

- child-focused forensic interviews
- age-appropriate medical exams
- referrals for counseling services
- ongoing victim advocacy support for caregivers

Without CACs



With CACs



Our Vision

Contact Us:

Chris Kirchner
Executive Director

chriskirchner@penncac.org
(814) 969-6993



Children's
Advocacy
Centers of
Pennsylvania

Because every child in Pennsylvania should have their best tomorrow



The Children's Advocacy Center movement in Pennsylvania has made tremendous gains over the last 30 years; however, there are still some communities in our state with limited or no CAC access for their children.

In more rural areas, travel time to the nearest CAC may pose a hardship. Even if a family is able to make the drive, there can be wait lists for medical exams or therapy due to shortages in qualified medical or mental health practitioners. In urban areas, existing CACs may be overwhelmed by the sheer number of case referrals on any given day. In backlogged court systems, some families may wait for years before a case is resolved.

Together, we must continue to strengthen a statewide network so that all child victims who need the resources of a CAC have easy access to one and so that all CACs have the capacity to respond quickly and effectively.

While we improve access to CAC services, we must also work to educate all communities in Pennsylvania about how to identify and report abuse.

penncac.org



Remember these **5 Safety Rules** to help keep your body safe, respect your boundaries, and watch out for strange behavior.

1

Private parts are private

No one should see or touch your private parts—or ask you to see or touch theirs. If a parent or a doctor needs to see your private parts to make sure you are clean and healthy, that's okay—but they should ask permission and explain what they are doing.

2

No funny names, no touching games

We don't use nicknames for our private parts; instead, we call them by the correct names. We don't play games that involve looking at, touching, or taking pictures of private parts.

3

It's okay to say "NO!"

You're the boss of your body. You don't have to hug, kiss, sit on laps, or be touched in any way that you don't like.

4

Some secrets aren't safe

No one should ever tell you to keep a secret that makes you feel sad, scared, or uncomfortable. If they do, tell a trusted adult.

5

Watch out for Tricky T's (treats, toys, and time alone)

If someone singles you out, gives you treats or toys, or wants to take you on special trips or spend time alone with you—it might not be safe. If you're not sure, talk to a trusted adult.

Be on the kout!

If someone ever breaks the safety rules or makes you feel uncomfortable, try to say "NO" and tell a trusted adult right away! If the person you tell doesn't help, find another trusted adult and keep telling until you feel safe.



Join the fight against
child abuse today.

penncac.org

Be aware & be there for **your child.**



You keep your child safe by teaching them basic rules: don't touch a hot stove or run with scissors, and always buckle your seatbelt. But are you teaching them basic rules about bodies, boundaries, and behaviors? As a parent or caregiver, YOU are the first line of defense in preventing child abuse. Here's what to say and do to help keep your child safe.

Talk about bodies, boundaries, & behaviors

Use the 5 Safety Rules on the other side of this poster to start a conversation with your child.

Make it a habit to ask your child how they are feeling

After family gatherings, parties or sleepovers, camps, or time with babysitters—ask your child if everyone followed the safety rules and if anything made them feel scared, unsafe, or uncomfortable.

Listen to your child—in the little things & the big things

Let your child know their voice matters and you won't get angry at them if they ever have something important to tell you.

Banish blame and shame from your conversations

Children should feel supported in talking about body safety. If something happens that makes your child uncomfortable, don't react in a way that makes them feel embarrassed or at fault.

Know what grooming is and be on the alert

Instead of "stranger danger," be on the lookout for strange behavior that could indicate someone is grooming your child—or you—to gain trust and access.



Have questions or want to know more about how you can prevent child abuse? Contact a Children's Advocacy Center.

Scan the code or visit penncac.org to find a CAC!

If a child discloses abuse to you...

- Stay calm
- Immediately say: "Thank you for telling me. I believe you. It's not your fault."
- Avoid asking too many questions and don't probe for details
- Seek help right away and make a report using the hotline below
- Remember—the single biggest factor that contributes to a child's healing after abuse is having a supportive parent or caregiver



ChildLine is available 24/7 to take calls about suspected child abuse in Pennsylvania. Don't wait, don't hesitate.

1-800-932-0313



Offering hope to children and caregivers

*Honoring 29 years in
advocating for children*

2022 Annual Report



Dear Friends,

I am happy to report that we are moving on from the challenges of providing care during COVID and can refocus on expanding our services to meet the needs of children in Central Pennsylvania who have experienced abuse.

We officially opened our Cumberland County satellite office with a key presentation on October 4, 2022. We began providing interviews and mental health services with the plan to offer medical care once we addressed some staffing shortages on the medical team. At the end of December, during extremely cold weather, several water pipes broke in the ceiling and water ran throughout the center unchecked. Unfortunately, the water caused significant damage to the flooring, carpet, and drywall. The costs for repair were covered by insurance, and we should be up and running by April 2023.

The benefit of having an office in Cumberland County is that it will increase access to care for children and families in Cumberland as well as Perry County. The plan is to achieve accreditation through the National Children's Alliance (NCA) within 3 years. This accreditation is important as it indicates we've met the 10 rigorous standards developed by the national accrediting body for CACs.

NCA has introduced 3 new optional standards that will impact our practice over the next several years. These standards include service provision to child victims of commercial sexual exploitation, physical abuse, and child abuse prevention. While CACs seeking accreditation need only meet the 10 mandatory standards, centers opting into the optional standards must meet any to which they commit, as well as the 10 mandatory standards, to receive accreditation. Our initial focus will be on meeting the physical abuse standard.

The CAC has been fortunate to receive several grants including one that will cover salaries for a second referral (intake) coordinator and an additional therapist. Both staff will work from the Cumberland County satellite office. We also received approval to add a lead forensic interviewer who can support the growth and development of our forensic interview team. The lead position will ensure the forensic interview team is using the most current practice recommendations and will guide the professional development of our new forensic interviewers. Drew Krantz has been promoted to Behavioral Health Supervisor, a move that is critical to help our mental health team expansion.

I mentioned in last year's annual report that we are looking at the impact of Intergenerational Trauma on the children and families served at our center. Anecdotally, about 50% of the caregivers disclose that they are survivors of child sexual and/or physical abuse. These experiences can impact the ability to support their child after an abuse and may trigger the caregiver's own trauma response. In 2023, we will be reviewing evidence-based interventions to address Intergenerational trauma and determining how we can implement an intervention at the CAC.

We appreciate the support of all our community partners and look forward to an exciting year.

Thank you,

Lynn Carson

Lynn Carson
Director of Operations

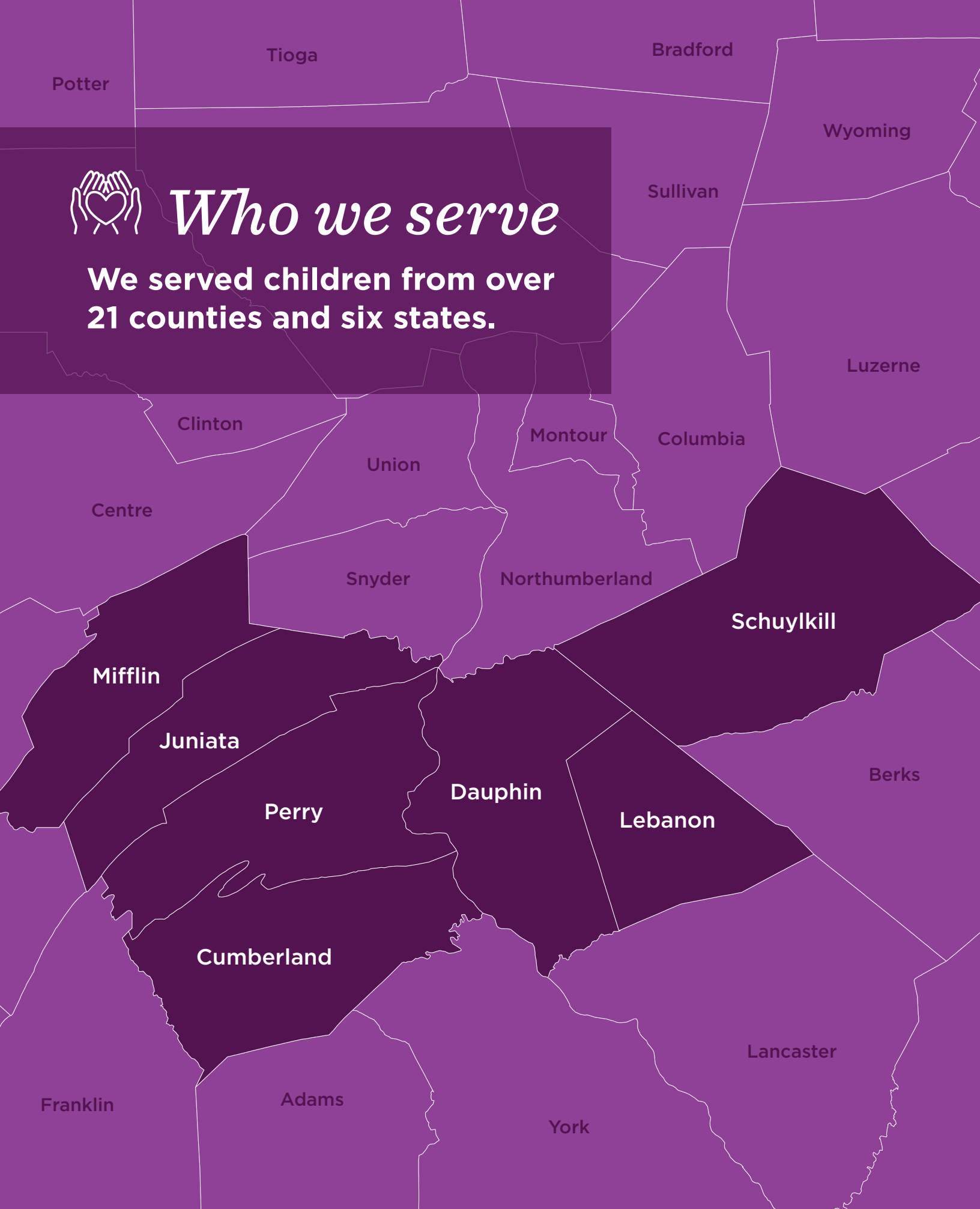






Who we serve

We served children from over 21 counties and six states.





1206  Total number of children served

1206  families were provided with advocacy services

941 or **78%**  children received medical examinations

515  children were referred for counseling



Making a difference in a child's life



While numbers are important, they do not show the tangible difference our staff make in the

lives of children and caregivers every day. When forensic interviewers conduct a non-leading and non-suggestive interview, they give the child space to talk about what happened to them without shame or blame. Children often share that a huge weight has been lifted from them because they could talk about what happened in a supportive environment.



The Medical Team examines each child to ensure they are physically healthy and addresses their medical needs.

Sometimes this includes treating the injuries caused by sexual or physical abuse or neglect and other times it is to identify an undiagnosed illness. The most frequent questions posed to the providers “is my body okay and can anyone see that I’ve been abused?” Our medical team can reassure the child that their body is healthy, providing another opportunity to reduce feelings of shame and blame.



The mental health team plays a vital role during a CAC appointment by addressing the child and caregiver’s trauma. They can assess whether the

child has symptoms of PTSD and if they are at risk to self-harm. The team plays a vital role in ensuring the caregiver leaves the center with tangible strategies to support their child. They also provide information to help families access services when there is food or housing insecurity.



An area of continued growth for the CAC

Ongoing mental health services


The COVID-19 pandemic era ushered in a new set of challenges for youth in the United States, leading to a mental health crisis as declared by the United States surgeon general. But kids have been struggling for far longer.

In the 10 years leading up to the pandemic, feelings of persistent sadness and hopelessness — as well as suicidal thoughts and behaviors — increased by about 40% among young people, according to the Centers for Disease Control and Prevention’s (CDC) Youth Risk Behavior Surveillance System.

Experiencing abuse can aggravate these feelings. To support these children, our behavioral health therapists offer Child and Family Traumatic Stress Intervention (CFTSI), a short-term intervention that prevent kids from developing Post Traumatic Stress Disorder (PTSD). They offer Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an intervention specifically designed for children who experience abuse. We offer Alternative Focused Cognitive Behavioral Therapy (AF-CBT), which focuses on supporting families in which there is physical abuse. Our team also offers Eye Movement

Desensitization Reprocessing Therapy (EMDR), an intervention that helps the brain re-program how it remembers and processes trauma.

The CAC is in the process of implementing the HEARTS program developed by the Granite State Children’s Alliance in New Hampshire. It stands for Helping to Ensure Appropriate Response to Trauma. The focus of this project is to support a child who, after an appointment at the CAC, may be returning to school. On the day of the appointment, caregivers would have the opportunity to sign permission to allow the center to contact district-identified staff about the child’s visit at the CAC. No specific information is provided about the outcome of the appointment, but simply alerts the identified school personnel, so they can respond to the child’s needs in a trauma-informed and appropriate manner.



The CAC team consistently goes above and beyond to support the children and caregivers referred to our center. We provide boxes of non-perishable food items from the food bank to families in need. If families have left their homes emergently, we can supply toiletries and other personal care items (thanks to generous donations from our community partners).

One of the most rewarding activities the staff undertakes each year is to provide a “Santa’s workshop” for caregivers who do not have the resources to purchase gifts at the holidays. Through donations from Toys for Tots®, county prosecutor’s staff, and community members we provided joy to kids as well as support to caregivers.



Community Support

We could not do our vital work without the support of community partners.

Run for Max

René Ryan, a competitive runner and fitness trainer, sponsored the 2nd annual run “For the Love of Max.” She and several dedicated friends braved the cold and somewhat snowy day on February 12 to run 10 miles in honor of Max. The funds raised from this great event supported translating the caregiver’s guide into Spanish. This booklet provides strategies to help caregivers support their children after a CAC appointment.



Erika Epler again hosted a community kids’ event in Annville to benefit the children of Lebanon County as well as the CAC. The event was held Sunday, Sep. 18 and featured food trucks, games, and fun! Proceeds from this event supported the installation of speakers and an IPOD in the Lebanon office to provide a calming atmosphere in the waiting room for caregivers.

On July 16, the Joe Allegrini Children’s Hero Fund held its annual golf tournament to support the CAC. Since its inception, the tournament has raised over \$400,000 to purchase specialized recording and medical equipment and to pay the cost of forensic interviews and therapy services not covered by other payors.

JMG Wealth Management and Excel Remodeling provided the CAC with a variety of personal care supplies which were given to children who were placed in foster care and to families who left domestic violence situations. We often don’t recognize the positive impact of having the right kind of shampoo for your hair texture, a new toothbrush, and special body soap.

We also established a great relationship with Duck Donuts in Camp Hill. During December, the store asked customers to “round-up” their purchase to benefit the CAC. The effort raised \$600, which will be used to translate the caregiver’s guide into Nepali. The staff is especially delighted with the partnership as the Duck Donuts team never arrives at the CAC without a few dozen donuts.



“*Visiting your facility recently left me impressed with the level competency and professionalism of you and your staff. Your CAC is staffed to serve, regardless of circumstance. In my view, the UPMC CAC represents the realization of the promise of Children’s Advocacy Centers.*”

— *Jim Mandes, recent visitor to the CAC.*

“*I think the walking out of that facility today was the most impactful because I know my children and I were not alone in the process and that we have the support in place to help us to get through our lows. For that I am grateful.*”

— *Caregiver*

“*Walking out you learned the shame isn’t yours.*”

— *Caregiver*