

# Center for Victims

Start Here.



# Cruising Into Collaboration

Developing Strong Relationships Between Rape Crisis and  
Child Advocacy Centers

# Collaborating Agencies

Center  Victims

Start Here.



**Children's  
Advocacy  
Center** of Lawrence County, Inc.



**Children's** | *of*  
Hospital of Pittsburgh | **UPMC**

Center  Victims

# Our Panelists

- Sue Ascione, Executive Director, Children's Advocacy Center of Lawrence County, PA
- Jamie Mesar, Manager, Child Advocacy Center of UPMC, Children's Hospital of Pittsburgh, PA
- Patrice El-Wagaa, Director of Sexual Assault Services, Center for Victims, Pittsburgh, PA
- Tracey Provident, Chief Program Officer, Center for Victims, Pittsburgh, PA

# About Center for Victims

**Center for Victims is the most comprehensive, inclusive provider of services, advocacy and education for victims of all crimes.**

- **For almost 40 years, has provided services to adult and child sexual assault victims**
- **Offers a Comprehensive Continuum of Services including Crisis Counseling, Medical, Court/Legal Accompaniment and Advocacy, Therapy, Victim Compensation Assistance, Offender Release Notification**
- **Each year, provides services to nearly 14,000 crime victims & other significant people in the victim's life**

# About Children's Advocacy Center, Lawrence County

**CAC of Lawrence County is a private non-profit agency celebrating 25 years of service in Lawrence County.**

## **The CAC services include...**

- **A child-focused agency intent on coordinating multidisciplinary team services for abused children through consistent interagency collaboration,**
- **Evidenced-based, home-based prevention programs for families and children in Lawrence County, and**
- **Therapeutic services to children who have experienced trauma**
  - **Parent-Child Interaction Therapy (PCIT)**
  - **Trauma-Focused CBT**
  - **ARC – Attachment, Self-Regulation, Competency Clinical Services**

# About UPMC-Children's Hospital of Pittsburgh's Child Advocacy Center

- Accredited Hospital Based Child Advocacy Center
- 4 full time interviewers, 3 full time and 1 part time physicians, 1 CRNP and 2 nurses
- Service approximately 1,200 children each year for forensic interviews
  - Interviews are completed with victims of sexual maltreatment and physical maltreatment
  - Also interview children who have witnessed maltreatment of other children and major crimes

# Importance of Collaboration

- **Standards of Service for both CACs and Rape Crisis Centers**
  - **Ensuring Basic Services are Available – Crisis Counseling, Accompaniment to medical facilities, police investigation, court procedures, Information & Referral etc.**
  - **Individual Advocacy – Facilitating negotiation of different systems encountered as result of sexual violence**
  - **Systems Advocacy – affecting policy and/or procedures in order to improve systems' response to those impacted by sexual violence**



# National Children's Alliance Standards for Accreditation

## ○ Standard I: Multidisciplinary Team

### ○ Team for Response to Child Abuse Allegations Includes Representation From the Following:

- Law Enforcement
- Child Protective Services
- Prosecution
- Medical
- Mental Health
- Victim Advocacy
- Children's Advocacy Center

# NCA Standards – Multidisciplinary Team

- **MDT Member Roles and Responsibilities:**
  - Each member is guided by their respective organization's rules and regulations
  - Team members learn about each other's abilities and limitations/parameters
  - Cross-Training
  - Confidentiality
  - Participation in Team Processes

# National Children's Alliance Standards for Accreditation

- **Standard IV: Victim Support and Advocacy**
  - **Victim Support and Advocacy Services are routinely made available to all CAC Clients and their non-offending family members as part of the Multidisciplinary Team Response.**

# NCA Standards – Victim Advocacy

## ○ A. Crisis Intervention and On Going Support Services

- Crisis Intervention and ongoing support services are routinely made available for children and non-offending family members on-site or through linkage agreements with other appropriate agencies or providers.

# NCA Standards – Victim Advocacy

## ○ B. Education is Available

- Education regarding the dynamics of abuse, the coordinated multidisciplinary response, treatment, and access to services is routinely available for children and their non-offending family members.

# NCA Standards – Victim Advocacy

- **C. Information Regarding the Rights of a Crime Victim is Routinely Available**
  - Information regarding the rights of a crime victim is routinely available to children and their non-offending family members and is consistent with legal, ethical and professional standards of practice.

# NCA Standards – Victim Advocacy

- **D. Written Documents include Availability of Victim Support and Advocacy Services**
  - The CAC/MDTs written documents include availability of victim support & advocacy services for all CAC clients.
- **E. Trained Individuals Provide Comprehensive, Coordinated Victim Support and Advocacy Services**
  - Designated, trained individual(s) provides comprehensive, coordinated services

# PA Chapter of Child Advocacy Centers/MDTs

- The Chapter is one of 45 nationally recognized chapters of the National Children's Alliance.
- The Chapter's purpose is to help strengthen, sustain, and outreach to communities to better meet the needs of abused children and their families through a proven-effective multidisciplinary approach.



# PA Chapter of Child Advocacy Centers/MDTs

- **The PA Chapter of CACs and MDTs**
  - Board of Directors
  - Meets Accreditation Standards for State Chapters
  - Training and Technical Assistance to any county in the State with a CAC and/or MDT
  - TECH Smart 4 Kids
  - Continuous Practice Improvement Program (CPIP)
  - Legislative Advocacy

# Continuous Practice Improvement Program (CPIP)

- Provided by the PA Chapter of CACs and MDTs through a grant from the Children's Justice Act
- Appropriate for all MDTs at varying levels of development
- Endorsed by the Pennsylvania Children and Youth Administrators

# Continuous Practice Improvement Program (CPIP)

- Program Objective:

- Promote, assist, and support the development, growth and continuation of the multidisciplinary process with a particular focus on improving the effectiveness of the joint investigative approach for the protection of Pennsylvania's children.

# Northeast Regional Child Advocacy Center (NRCAC)

- One of four Regional Projects established by the U.S. Department of Justice
- Mission: To strengthen Children's Advocacy Centers and Multidisciplinary Teams by promoting and improving a multidisciplinary community response to child abuse
- Provides free training and technical assistance to PA

# Where We Were

## ○ From CAC Perspective

- No dedicated Victim Advocate to CAC
- Called providers and hoped an Advocate was able to be present
- If no Advocate present, CAC staff provided information on two local programs
- Relied on Law Enforcement to make referrals to Advocates in their offices
- No formal referral process / information sharing
- Lack of Resources for Clinical Supervision

# Where We Were

- **From Rape Crisis Center Perspective**
  - **Difficult to manage request for Advocate to be present (lack of pre-planning)**
  - **Cases falling through cracks – families not following through with contacting RCC**
  - **Meeting child and family later in process (court) – lack of earlier intervention**
  - **Lack of Resources for Clinical Supervision – Identified Need to Increase Clinical Services and Supervision**

# Where We Are Now

- Victim Advocate has work space in CAC and is present on a daily basis
- Advocate meets with available family/caregivers during child interviews
- Every family who needs a Victim Advocate has one present during appointment
- Can talk and share information with Advocate
- Shared Clinical Director

# How Did We Get Here...RCC Presence at CAC

- Accreditation of CAC noted significant gap in services
- Meetings held with local RCCs
  - One RCC able to meet all needs
- Began with Multiple Advocates - changed to dedicated specific Advocates – Clarified Roles
- Ensured Confidentiality – Appropriate Releases



# How Did We Get Here...Shared Clinical Director

- Meetings held with Director of CAC and Directors of RCC
- Clinical Consultant helped identify need for expansion of clinical services & supervision
- Resulted in Administrative Efficiency with increase in clinical supervision – employee of one organization – time split between two.

# Challenges

- **Role Confusion**
- **Confidentiality – Referral Agreements**
- **Availability / Capacity of RCC**
- **Lack of Services to Children in some places especially those with specialty in Child SA**

# Role of Victim Advocate at CAC

- Advocate(s) is cross-trained in all crimes, but specializes in child SA and Trauma
- Participates in MDT Meetings
- Maintains calm, supportive atmosphere
- Supports family structure in coping – critical to child's healing

# Role of Victim Advocate at CAC

- **Pre-Interview Meeting with Parent/Caregiver**
  - Addresses fears and anxieties
  - Educates parent/caregiver regarding how child can be impacted by parental reactions/attitudes
  - Explains Confidentiality and Role of Advocate

# Role of Victim Advocate at CAC

- **Both Pre-Interview and Post-Interview**
  - Provides education/information on Trauma including symptoms child may experience and may intensify during involvement with investigation or court process
  - Normalizes feelings (guilt, anger, fantasies of revenge, sadness, shame etc.)
  - Provides tips on how to reduce stress & anxieties – use of art work, journaling to enhance child’s sense of competency and control

# Role of Victim Advocate at CAC

## ○ Post Interview

- Answer questions about next steps – justice system & Victim's Rights
- Conduct assessment of child/family needs, including safety planning, victims compensation, treatment, offender release notification
- Provide both verbal and written information on resources available
- Follow-up to ensure access to services

# Role of Victim Advocate at CAC

- **Post Interview & Disclosure**
  - Act as liaison with systems – re-informing about Victims' Rights, Case Status
  - Educate about Court Process, Court Setting through use of video, coloring books, visit to courtroom
  - Discuss child's fears and hopes about process and outcomes
  - Continue to assess needs of child & family

# Role of Victim Advocate at CAC

- **Goal is to Restore Balance in the life of the child and family**
- **Advocate Does Not:**
  - Participate in the Interview
  - Have contact with child before the interview – meets with parent/caregiver during interview
  - Disclose information without appropriate releases



# Positive Outcomes

- **Seamless, Quality, Services for Child Victims – Immediate Personal Connection to Victim Advocate**
- **More Efficient – Less Interview Time**
- **CAC and RCC have clearly defined roles**
- **RCC on-site to help family cope with devastation of disclosure – Advocate keeps focus on what's best for child**
- **Early Intervention with non-offending parent – supportive parent/caregiver critical to child's healing**
- **Decreased confusion about services**

# Additional Positive Outcomes

- **Cross Training and Joint Training Opportunities**
- **Staff Support in Coping with Secondary Traumatic Stress**
- **Sharing of Tangible Goods, Staff Resources and Competencies**
- **Familiarity with One Another**

# Are You Ready to Collaborate?

- **What do you hope to achieve?**
- **How will this help your clients and advance your mission?**
- **Have you attempted to do similar collaborations? Lessons Learned?**
- **Are External Factors Aligned in Support of the Effort?**

# Are You Ready to Collaborate?

- **Evaluating Partners**
  - **Similarity of Programs/Services**
  - **Compatibility with Mission / Vision**
  - **Organizational Values are Similar**
  - **Are Right People Involved? Have you successfully worked together in the past?**
  - **Do Parties Trust and Respect One Another?**
  - **Respected by Key Stakeholders?**

# Are You Ready to Collaborate?

- How will success be measured? How long before we begin to realize impact?
- What are the risks and challenges and how will they be addressed?
- Who will be involved in planning? How much staff time?
- What will each organization contribute? What will each receive? What is their roles?

# Questions ~ Discussion