



Developing a Children's Advocacy Center in Georgia

Background

When an instance of suspected child abuse is reported, it is important that a community have a good, competent community response to reduce the possibility that a child may not be adequately protected. Children's Advocacy Centers enhance coordination between community agencies and professionals involved in the intervention system. They promote better understanding of and respect for one another's roles and expertise, more informed case management decisions, and most importantly, a minimization of the trauma children can suffer following disclosure and the subsequent investigation and intervention process.

The first Children's Advocacy Center was established in Huntsville, Alabama in 1985 under the guidance and direction of then District Attorney, Robert E. "Bud" Cramer, Jr. This center was designed to re-focus attention on the child victim and to provide support for the non-offending family members. Today there are more than 700 CACs in the United States and many abroad. In Georgia we currently have 46 programs serving about 90% of the state.

Before you begin

If you and your community are ready to begin pursuing the idea of developing a CAC, please first contact our state chapter office, the Children's Advocacy Centers of Georgia <http://www.cacga.org>. While we want to make sure that every child in Georgia has access to a program within close proximity, we also know that some areas and judicial circuits do not have funding to support more than one CAC. So, before you begin, contact us and find out what Centers are close to your area. It may be that you can work with an existing program to enhance services in an underserved area, become a satellite location, or it may mean the development of a full center.

What Children's Advocacy Centers of Georgia can do for you

We will send you our full listing of standards for membership as well as the links to join our network as a developing or associate program. We can let you know about our quarterly meetings, the training that is scheduled and can offer you targeted technical assistance. The development of a center is hard work and we believe that we can accomplish much together. So let us hear from you!

PURPOSE

Children's Advocacy Centers (CACs) provide a child-friendly environment designed to meet the needs of children who are alleged to have been abused. These programs provide support and protection for the child and the non-offending family members. CACs provide many services with the goal of providing the following coordinated services:

- Forensic Interviews of Children
- Investigation of alleged abuse
- Mental Health Treatment for the child and family
- Forensic Medical Services for the child
- Prosecution of alleged perpetrators
- Victim Advocacy for the child and family
- Crisis Intervention
- Multidisciplinary Case Review
- Case Tracking
- Training
- Prevention Programs
- Child Fatality Reviews
- Community Education

PHILOSOPHY

As with all successful programs, CACs operate on a core set of beliefs:

- The intervention system must be sensitive to the needs of abused children and their families and meet their needs by respecting the uniqueness of each child and family.
- Child abuse is a community problem. No single agency, individual or discipline has the necessary knowledge, skills or resources to successfully intervene in child abuse cases and to provide the assistance needed by the children and families involved in these cases.
- The combined wisdom and professional knowledge and expertise of child protective services, law enforcement, prosecution, medical, mental health and victim advocacy will result in a more complete understanding of case issues and the most effective system response possible.

GOALS

CACs achieve their purpose by successfully accomplishing the following program goals:

- The development of a formal comprehensive, multidisciplinary response to child abuse which is designed to meet the needs of child victims and their families.

- The establishment of a neutral facility where interviews of and services for children who are alleged to have been abused may be provided.
- The prevention of further trauma to the child which may be caused by multiple, repetitive contacts with different community professionals.
- The provision of needed services to families that will assist them in regaining maximum functioning.
- The maintenance of open communication and case coordination among community professionals and agencies involved in child protection efforts.
- The coordination and tracking of investigative, prosecutorial, and treatment efforts.
- The development of information that may be useful in criminal and civil proceedings.
- The ability to hold more offenders accountable through improved prosecution of child abuse cases.
- The development of professional skills necessary to effectively respond to cases of child abuse.
- The development of community outreach programs to enhance the communities' understanding of child abuse.

PROGRAM DESCRIPTION AND COMPONENTS

CACs provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. The type of child abuse which programs address is decided on a community basis. Many larger urban centers provide services mainly to child sexual abuse victims. Other programs provide services to children who have been physically abused or may be victims of serious neglect. This decision should be made by consensus on the part of the team members, taking into account the size of the program and the number of individuals able to provide comprehensive, professional services within the CAC.

The team response to allegations of child abuse includes forensic interviews, medical evaluations, therapeutic intervention, victim support/advocacy, case review, and case tracking. These components may be provided by children's advocacy center staff or by other members of the multidisciplinary team. To the maximum extent possible, components of the team response are provided at the CAC (children's advocacy center) in order to promote a sense of safety and consistency to the child and family.

This multidisciplinary response is based on written agreements among the agencies involved in the intervention system. These agreements are based on the integration of services provided by the various agencies. The goal is to produce a comprehensive coordinated approach which best meets the needs of the child and family. While each agency (child protective services, law enforcement, prosecution, etc.) maintains its legally mandated role for handling child abuse cases, these agencies modify their response using mutually agreed upon procedures.

No single model for an ideal multidisciplinary program exists, because each community's approach must reflect its unique characteristics. However, most communities have adopted a shared philosophy and goals similar to those listed above. This gives the different philosophies among interacting agencies a context that allows them to develop procedures for responding together to child abuse cases quickly and effectively. It also enables participating professionals to address, together, problems as they arise.

Although some aspects of a multidisciplinary approach to child abuse can exist without a neutral facility, a designated facility is fundamental to a CAC. The location should create a sense of safety and security for the children.

Standards for CAC Programs in Georgia

(Note that each standard has many elements of both essential and rated criteria. These may be obtained by contacting the state office of CACGA).

1. **MULTIDISCIPLINARY TEAM: A Multidisciplinary Team for response to child abuse allegations includes representatives from the following: Law Enforcement, Child Protective Services, Prosecution, Medical, Mental Health, Victim Advocacy and Children's Advocacy Center.**
2. **CULTURAL COMPETENCY AND DIVERSITY: Culturally competent services are routinely made available to all CAC clients and coordinated with the multidisciplinary team response.**
3. **ORGANIZATIONAL CAPACITY: Be a private non-profit 501(c)(3) organization or government-based agency responsible for program and fiscal operations and have the specific, stated purpose of providing services for children in cases of suspected child abuse.**
4. **MENTAL HEALTH: A CAC shall make referral to and/or provision for appropriate specialized therapeutic treatment services for child victims and non-offending family members provided by mental health professionals with experience in the treatment of child abuse and specific training in the field of child abuse.**
5. **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.**
6. **SPECIALIZED MEDICAL EVALUATION: Specialized medical evaluation and treatment services are made available to CAC clients and coordinated with the multidisciplinary team response.**

- 7. FORENSIC INTERVIEWS: Forensic Interviews are conducted in a manner that is legally sound, of a neutral and fact finding nature, and are coordinated to avoid duplicative interviewing.**
- 8. CASE REVIEW: Participate in a formal Multidisciplinary Team (CAC, Law Enforcement, DFCS, Medical, Mental Health, Victim Advocacy and Prosecution) case staffing at least monthly for the purposes of information sharing regarding the investigation, case status and services needed by the child and family is to occur on a routine basis.**
- 9. CASE TRACKING: Children’s Advocacy Centers must develop and implement a system for monitoring case progress and tracking case outcomes for all MDT components. (Note that CACGA provides a Multidisciplinary Tracking and Information Services [MDTIS] program at minimal cost to all member centers.)**
- 10. CHILD FOCUSED SETTING: The child-focused setting is comfortable, private, and both physically and psychologically safe for diverse populations of children and their non-offending family members.**

START-UP ISSUES

Communities must accomplish a number of steps in order to develop a collaborative approach to child abuse. The important steps are described below. It is important to follow these steps, as much as possible, to maximize your chances for success. But as noted before, the unique characteristics of your community may dictate a modification of the process.

STEP 1: ESTABLISHING A WORKING COMMITTEE

Many CACs begin with a concerned professional or community leader who would like others in the community to explore whether or not the CAC concept has value for them. The first step, then, is to establish a working group to bring the various professionals and community leaders together to begin talking about the community’s response to child abuse. The call to convene this working group usually comes from someone who is respected in the community and has the “clout” to convene a meeting. This call may come from the prosecutor, the judge, the child protective services agency, the medical profession, or from other interested and concerned citizens, including other elected officials.

Membership on the Committee

Regardless of who calls the initial meeting, there are specific community systems that should be included on the Working Committee. Without the involvement and commitment of these agencies and individuals, a successful coordinated response cannot be accomplished. However, do not give up if some of these agencies or individuals are

initially reticent about getting involved. As the move towards a community response grows, they can become more engaged.

- ❖ Child Protective Services
- ❖ Law Enforcement
- ❖ Prosecution
- ❖ Medical
- ❖ Mental Health
- ❖ Victim Advocacy

Additionally, it will become very important to have the support of and representation from:

- ❖ Education
- ❖ Sexual Assault
- ❖ Schools
- ❖ Juvenile and Adult Courts
- ❖ Faith Community
- ❖ Respected business and community leaders
- ❖ City and county government
- ❖ Civic groups

When determining membership on the Working Committee, the following should be considered. Members should:

- ❖ Be drawn from all professions that respond to child abuse. They should be carefully selected based on their expertise and commitment to improving the system response.
- ❖ Be made up of the key decision-makers in each system. This is important because they have the power to approve the Committee's actions and their agency's participation in it.
- ❖ Include front line workers and supervisors. In many communities, the key decision-makers have designated middle managers to be responsible for implementing the goals established by the Working Committee. This works only if the middle manager has the authority and support from their agency to carry forth the goals established.
- ❖ Include community volunteers with an ability to raise the financial support that will be needed to put the goals of the Working Committee into operation.
- ❖ Include a balance of creative and pragmatic individuals as well as leaders and followers.

Size of the Committee

The size of the Working Committee will vary depending on community needs and strengths and the concern and commitment of the agencies and professionals involved in child protection. Some communities have begun with small Committees with only representatives from child protective services, law enforcement, prosecution, the medical community, mental health and victim advocacy. Other communities have involved the

entire spectrum of community services available to children at risk of abuse and their families.

Committee Facilitator

The facilitator of the meetings should be someone with significant prestige and power in the community. The facilitator must be skilled enough to bring the requisite community representatives together and to build identity and commitment that will keep the group together. Remember that the agency that the initial facilitator represents is often perceived as the sponsor of the program that this may become a turf issue. In the development of CACs, facilitators have been prosecutors, child protective services supervisors, law enforcement officials, mental health professionals as well as community leaders. The facilitator's group process style should allow open discussion of everyone's feelings, ideas, and attitudes and then move the group toward reaching consensus on goals, objectives, and approaches.

STEP 2: INITIAL MEETINGS

Without skillful handling, the initial meetings of the Working Committee can quickly become a gripe session that may deteriorate into blaming and finding fault by the agencies involved. Therefore it is critical that ground rules are set during the initial meeting which calls for maintaining a clear focus on discussing the system's current approach to handling child abuse cases and the development of strategies to improve this approach. A good method for facilitating healthy and positive discussion is to ask each agency to identify the number of child abuse/child sexual abuse investigations/interviews they conducted from the following year and bring these numbers to the team meeting. Each agency can be asked to discuss strengths or problems that may have arisen over the course of the year. It is absolutely essential to establish a focus for the committee that keeps the emphasis off of each organization's perceived deficits and directs the discussion to improving the system as a whole.

STEP 3: MISSION STATEMENT

As the Working Committee continues to meet and to refine its agenda, a next important step is the definition of the Committee's Mission. The development of the Mission Statement will help identify the goals and objectives of the Working Committee. The Mission Statement should be simple and understandable and should be no longer than one paragraph. In developing the Mission Statement, the areas of agreement and disagreement as to the overall purpose of the Committee should become clear. The most important aspect of the Mission Statement is that it will clearly articulate the goals and objectives of the Committee. From this statement will flow everything else the Committee does.

Needs Analysis

To develop an effective Mission Statement, the Committee must first determine the incidence of child abuse in the community. A summary of each participating agency's cases should be gathered, including the numbers of child interviews and places where these interviews occurred. This information will provide the necessary data to determine the areas of work the Committee will want to consider and may offer valuable insights into the severity of the child abuse problem in the community.

After determining the number of cases to potentially be served, etc., the next task is to examine which cases the Working Committee wants to address. The Committee may want to only focus on child sexual abuse cases because of the numbers of these cases in the community, or the Committee may believe that it can tackle severe physical abuse cases as well. The important caveat here is to start with a manageable caseload and work from there. It is always easier to add the types of cases you will eventually serve than to stop seeing some type of case because the numbers were too overwhelming. The decision of what type of case and the age of the children to be seen rests with the Working Committee which must come to consensus on this issue.

STEP 4: DEVELOPING INTERAGENCY AGREEMENTS OR MEMORANDUM OF UNDERSTANDING

Successful community coordination in cases of child abuse requires an agreement among the leaders of the key participating agencies on the intervention process and the roles and responsibilities of the different professionals/agencies. This is best accomplished through the development of some type of interagency agreement signed by the heads of the appropriate participating agencies that establishes and formalizes cooperation among the involved agencies. This agreement will help to solidify the commitment to a multi-disciplinary coordinated team approach that is at the heart of the Children's Advocacy Center model. The signed Interagency Agreement may begin as a brief letter committing cooperation from the key agencies involved

The Working Committee is in an excellent position to draft the Interagency Agreement and Protocol. Its members have an understanding of the problem of child abuse in the community, knowledge of their individual agencies, and a clear vision of the proposed CAC program. In Georgia, each county has the responsibility for creating a Child Abuse Protocol pursuant to *O.C.G.A. §19-15-2*.

Developing the written Interagency Agreement is an effective means of moving the Working Committee from the conceptual stage to action. Drafting the Agreements provides an opportunity for negotiation as well as for learning. As each participant in the process details their agencies activities and the ways these activities may be combined, they are teaching each other about their own work, and may begin to see many of the areas of commonality as well as difference. The Working Committee should use a consensus approach, rather than a majority rule model. The consensus approach results in agreement from all participating agencies, rather than there being "winners or losers"

which will fail to gain commitment from all of the participants. Negotiations should continue until all the key parties are satisfied and invested in the success of the Agreement.

It is important to anticipate and acknowledge that when drafting the agreement each participating agency will be concerned about sacrificing its autonomy. These concerns must be addressed openly and directly. This is vitally important because many communities begin to experience significant turf battles at this point in the process. It is essential to proceed carefully and involve key agency representatives when developing the agreement. This process can facilitate commitment if all agencies believe that they have been heard and that their rights, needs and mandates are respected and addressed in the agreement. It is also important to keep agencies focused on the mission and goals of the Working Committee.

The importance of regular meetings and open communication while drafting the document cannot be overstated. An environment that fosters trust and open communication is a key ingredient to successful negotiation of an Interagency Agreement. The professionals involved should strive to create a climate where all committee members can openly discuss their concerns and reservations without repercussion. Only when the concerns of those involved in the process are discussed, can the full Working Committee adequately address those issues.

STEP 5: GAINING COMMITMENT FOR THE AGREEMENT

Once the preliminary agreement has been developed, the next step is to obtain formal commitment to it from the participating agency administrators. It is important to keep the key agency administrators who have policy or financial decision making authorities over the process well informed of the development of the agreement. It is important to remember that even if a policy maker supports the program, if the program is dependent on additional or reallocated funds, it will be necessary to include the agency's fiscal agents also.

The individual who possesses the most influence over the professional community, perhaps the Working Committee facilitator, is the most effective advocate for the agreement. Oftentimes the facilitator will work in tandem with those within the agency advocating for the agreement. When marketing the Interagency Agreement and subsequent Protocol, the need for the CAC approach must be demonstrated. It is persuasive to show the local scope of the problem and the inherent shortcomings in the current system's response to child abuse. Empirical data on the number of cases reported, the number of cases referred for court adjudication, and the cases where there is not a satisfactory resolution can be presented as a compelling demonstration for the CAC approach. Also, highlighting a particular case as it progressed through the system in flow chart format can persuasively support the need for a coordinated systems response. Combining this flowchart with the costs involved in duplicative interviews and repetitive processes can also be used to sway those who are drawn more by the financial savings involved to support the project.

TURF ISSUES

Turf issues will inevitably arise when work begins on a multidisciplinary response to child abuse. Turf issues are the result of each agency or professional group's identification of its own mandate, and the concerns that somehow the cooperation that is being sought will negatively affect this mandate. Turf issues will surface throughout the development and operation of the CAC.

Turf issues normally first arise during the development of the Interagency Agreement, particularly as agencies and professionals begin to commit to tasks and responsibilities in writing. The important dynamic with turf issues is to recognize and confront them as they occur. Understanding why these issues have come to the forefront is key. Some of the more common problems encountered include:

- ❖ Police/prosecution philosophy is different from the CPS philosophy.
- ❖ An orientation towards treatment versus punishment.
- ❖ Lack of mutual respect among the participating agencies.
- ❖ Lack of commitment from a key agency.
- ❖ Lack of clarity in role definition and responsibilities.
- ❖ Lack of training in the complex issues of child sexual abuse.
- ❖ Inadequate personnel resources to do what has been agreed to.
- ❖ Lack of community resources.
- ❖ Issues of confidentiality.
- ❖ Issues around use of the facility.
- ❖ Difficulty in gaining funding to support the various agencies.

Dealing with Turf Issues

In dealing with turf issues, the best plan is to develop strategies early on, which will minimize the possibility of turf issues arising. Among these strategies are:

- ❖ Ensure that there are regular meetings of all agencies and professionals involved in the Working Committee and the CAC. In these meetings it is important to have a time set aside for discussion of any concerns that may have arisen since the last meeting.
- ❖ Create an atmosphere of openness and trust that will enable professionals to raise their concerns. Occasional social events allow all team members to begin relating to each other as human beings rather than through a professional identity.
- ❖ Make certain that each agency has an opportunity to provide input into the decision making process of the Committee.
- ❖ Through the negotiation of the Interagency Agreement, expect turf issues to arise and be vigilant about recognizing these and addressing them immediately.

When turf issues do arise, an open and honest discussion will typically lead to an acceptable conclusion. When an acceptable conclusion is not reached, refocusing the discussion on the common goals may help to work through the issues. If a turf or other issue cannot be resolved by the Working Committee, other avenues may need to be pursued to insure that the issue does not jeopardize the overall goal. Among the possibilities for going beyond the Committee to work through these issues are:

- ❖ Call for a private meeting to discuss sensitive issues. This meeting might be between the parties who are “stuck” and the facilitator/leader.
- ❖ Bring in someone with skill in organizational development to help guide the Committee through a solution-building process. Children’s Advocacy Centers of Georgia has a number of individuals who can offer technical assistance and/or training to push past this period.
- ❖ Provide training to the Working Committee, either on or off-site by someone knowledgeable in the workings of the CAC model.
- ❖ Provide opportunities for cross training so that one discipline can learn about another and perhaps what their fears or concerns might be.

Handling Turf Issues as the Program Becomes Operational

As each CAC moves into its facility and hires staff, a new set of problems may arise. The focus generally is on getting agency personnel to use the facility and implementing the procedures designed for its use, i.e., reviewing cases, transporting children to the facility to be interviewed, determining who is best to conduct the interview. At this point, the professionals have to begin actually doing their jobs differently and must begin implementing and refining interagency working relationships. Even dedicated personnel who have worked long and hard to establish the program will be tested.

Once the program becomes operational, new challenges and potential turf issues may arise. Therefore it is important to allow time during regular case review meetings for the professionals to discuss their issues. These issues may have not been foreseen before the opening of the Center or may just be a fact of having to work in such close proximity with professionals from other walks of life. Working through this stage requires a group of committed professionals. All professionals, especially new program staff, should emphasize patience, flexibility and determination. This is not the time for dictatorial leadership, but rather a time for open discussion of issues and concerns while reinforcing common goals and involving all parties in the decisions that affect them.

PHYSICAL SPACE

As you begin to envision the development of your CAC, there are some things to keep in mind. The CAC should have a reception and waiting room large enough for several children and their families. This will allow children and families a degree of privacy during the sensitive waiting period before the interviews take place.

There should be a receptionist to provide a feeling of welcome to the children and their families. A receptionist (either paid or volunteer) can ensure a careful and planned placement of children and their families. The receptionist can also escort people to their destination in the facility, preventing unauthorized people from wandering unescorted in the facility.

Since the waiting room will probably be the child and family's first contact with the CAC, it is important that it offer a pleasant and safe environment. If possible, young children and adolescents should have separate waiting rooms. Having a separate play area for children may enable the professionals to have an opportunity to observe their behavior and play prior to the interview. Moreover, it is important to keep teens and young children separate because of potential issues of prior abuse. It is also important to respect the adolescents' developmental need to be treated differently from small children. Adolescents will typically be more comfortable in an area that offers reading materials, a television or computer with age appropriate games available. Design features such as doorways without doors and glassed in areas will make the room seem more airy and will also allow the child to see what is going on around them.

The waiting areas should be at some distance from the interview rooms. Many children feel uncomfortable being interviewed in rooms that adjoin the rooms where they know their parents or caretakers may be waiting.

Interview Rooms

Of all the rooms in the CAC, none play a more crucial role than the interview rooms and viewing areas. Each interview room must be equipped with video-recording equipment, and the interview must be viewable by the attending team members.

Meeting Rooms

Every CAC should be equipped with a meeting room, or be able to convert another room in the facility to a meeting room to hold the team case review meetings, multi-agency conferences, staff meetings, Board meetings and training. The use of movable partitions or accordion doors may create a conference room from a smaller group of rooms or offices.

Office Space

Each CAC should have sufficient office space for all staff and for members of the team or other professionals who use the facility. While each team member or professional may not need his or her own office, designated workspace is essential. A workroom with built in desks and telephones and other equipment may be provided so that professionals will be able to summarize interviews, complete reports, make calls or discuss follow up activities.

Facilities may provide office space for treatment staff. If the facility houses such staff, rooms should be available and designed for individual as well as group treatment sessions.

Security

Children must feel safe at the CAC and feel that they can privately discuss their abuse or other issues without fear of harm. Therefore, the CAC staff should restrict access to the areas of the facility where children may be. People in the waiting room should not be allowed free access to other areas of the facility. Security doors or a receptionist may restrict passage to interview rooms.

It should be anticipated that at some point following an interview, a child may have to be taken into care and removed from the parent for protection. This situation will be traumatic for all concerned, and care should be taken to insure that there is security available should a situation reach a confrontational level.

Another level of security relates to the type of information kept in client files at the Center. The decisions about what type of materials can/should be kept at the Center on clients is best determined in cooperation with the members of the multi-disciplinary team, especially the prosecutor. It should be clear to all what records are maintained and whether or not these records are at risk for discovery in case of a trial. Children's Advocacy Centers of Georgia provides to its members at minimal cost, the Multidisciplinary Team Information Services (MDTIS) tracking program. This computer software program greatly supports the Centers need for data and provides a level of protection for such data.

PROGRAM ADMINISTRATION

Every CAC must have an organizational identity to oversee its day to day operations, including setting and implementing administrative policies, hiring and managing personnel, obtaining funding, and supervising program and fiscal operations.

Staffing the CAC

The selection of the staff for the CAC is the key to its successful operation and management. The size of the CAC staff will depend on the number and types of program components that will operate within the CAC. The first full time position is usually that of the Director. As the Working Committee continues to operate and develop the protocols for the CAC, it becomes clear that at some point, a person without job responsibilities to another agency must be brought in to manage the work of the CAC. When interviewing and selecting staff, it is important to consider their professional background and training, personal characteristics, and experience essential to successfully fulfilling the position. All paid staff of the CAC must undergo a criminal background check by a participating law enforcement agency, and should sign the necessary form authorizing this screening.

Director

In most CACs, the Director is responsible for the day to day operation of the program, the achievement of program goals, the maintenance of interagency and community relationships and fund raising to support the program. When interviewing for a Director's position, it is important the team/Working Committee agree on the job description and what is expected of the Director. Many first directors of CACs have failed because each agency saw this person doing different tasks than the other agencies saw. It is imperative that there be a clean sense of job responsibilities, including, a statement about to whom the director will be accountable. The following criteria should be considered when choosing a Director.

- ❖ Enthusiasm and energy
- ❖ Strong organizational skills
- ❖ Strong leadership and management capabilities
- ❖ Ability to articulate the goals and mission of the CAC
- ❖ Good interpersonal skills
- ❖ Good negotiating skills
- ❖ Good problem solving skills
- ❖ Effective writing skills
- ❖ Knowledge of and ability to write grants
- ❖ Ability to develop and implement fundraising activities
- ❖ Administrative and management skills
- ❖ A good understanding of non-profit and/or governmental operations
- ❖ Patience
- ❖ Basic knowledge of the dynamics of child abuse, particularly child sexual abuse.

Client Services Coordinator

The Client Services Coordinator is usually the first person that the child and family, the professionals, Board members, and visitors will encounter when they first come to the CAC. The following criteria should be considered when selecting this person:

- ❖ Good computer skills
- ❖ Good organizational skills
- ❖ Energy and enthusiasm for the work
- ❖ An ability to speak clearly and understandably to all visitors to the Center
- ❖ Good interpersonal helping skills
- ❖ An ability to empathize with children and their families
- ❖ An ability to treat people with respect and patience
- ❖ An ability to work well under stress
- ❖ An ability to handle emergencies
- ❖ A desire to work in the field of child abuse

Team Coordinator

Some CACs are large enough to have a Director who administers the overall CAC program and a Team Coordinator who is responsible for facilitating the team, including case review, and managing the flow of cases through the CAC. The Team Coordinator is the person who makes certain that no case “falls through the cracks” and that all children receive all of the services to which they are entitled. The following criteria should be considered when selecting a Team Coordinator:

- ❖ Must be highly organized and detail oriented
- ❖ Expansive knowledge of the dynamics of child abuse, particularly child sexual abuse
- ❖ Computer knowledgeable and able to use the computer to enhance team information sharing
- ❖ Excellent interpersonal skills
- ❖ An ability to work well with the team and liaison staff in order to coordinate interviews and assist in information sharing
- ❖ Administrative experience
- ❖ Ability to coordinate treatment referrals
- ❖ Ability to coordinate court preparation and secure necessary support for the child and family
- ❖ Ability to work with the Director to provide ongoing information regarding the operation of the team and to identify concerns among liaison staff before they become problems

Other Staff

Many CACs have determined that it is critical to their work to have many more staff than those indicated above. Additional staff members, who may work for the CAC, are:

- ❖ Forensic Interviewer
- ❖ Clinical Coordinator
- ❖ Therapist
- ❖ Forensic medical practitioner
- ❖ Case Manager
- ❖ Development Director
- ❖ Volunteer Coordinator

We hope that you have found this information helpful as you begin the development of your Children’s Advocacy Center. The state chapter stands ready and willing to help you in this work. Please contact us for assistance, materials, training and become a part of our team.

This information has been excerpted in part from BEST PRACTICES FOR ESTABLISHING A CHILDREN'S ADVOCACY CENTER PROGRAM; Third Edition; Nancy Chandler, Editor, National Children's Alliance