Advocacy Centers
ACEs & PCEs Project

Dr. Shefali Gandhi
Trevor Umphress
Arizona Child and Family Advocacy Network

- **Mission statement**
  ACFAN supports the establishment, sustainability and improvement of child and family advocacy centers throughout Arizona

- **Vision**
  We will have success when a coordinated multidisciplinary response to victims of child abuse, sexual assault and family violence is the standards throughout Arizona
National Children’s Alliance (NCA)

- Membership Organization
- Standards
- Training
- Resources & Support

www.nationalchildrensalliance.org
Definitions

• An **advocacy center** is a comprehensive, **victim focused program** based in a facility that allows law enforcement, child protection professionals, prosecutors, victim advocates, forensic interviewers, medical professionals, and mental health providers to work together when intervening and investigating violent crimes against children and adults.
Changing the Child Abuse System

WHAT USED TO HAPPEN WHEN KIDS NEEDED HELP FOR ABUSE

Typical Case—Robin, Age 5

Tells her teacher she is being hurt at home.

At School...Who talks to Robin? her Teacher, her Principal and a School Nurse.

Who talks to Robin? Nurse, Social Worker, Doctor
Who examines Robin? Doctor

Police Officer talks to Robin.

School calls Crime Check and Police

Detective is assigned and brings Robin to a specialized Hospital—where another Nurse, Social Worker, Doctor talks to her and is examined by another Doctor.

"Why do I have to talk to SO MANY people?"

A Counselor needs to talk to Robin.

A Child Protection Investigator needs to talk to Robin.

A Lawyer needs to talk to Robin.

Robin had to talk to 15 people, but now...

(turn over)
Changing the Child Abuse System

What happens **Today** when kids need help for abuse?

- Robin tells her story, while a detective and CPS worker listen as a team.
- Robin can see a doctor.
- Robin is referred to a counselor, who will help her heal.
- Robin’s mom talks to an advocate to help her understand the system.
- Robin comes to the CCAC with her mom.
- Tells her teacher that she is being hurt by her mom’s new boyfriend at home.

... Robin talks to 3 people
Multidisciplinary Team

PROSECUTION

FAMILY ADVOCACY

PROTECTIVE SERVICES

MENTAL HEALTH

LAW ENFORCEMENT

FORENSIC INTERVIEW

EDUCATION

MEDICAL

COMMUNITY PARTNERS

CAC PROFESSIONALS

www.acfan.net
ACFAN History

• 1974 – US Congress passes the Child Abuse Prevention and Treatment Act (CAPTA)
• 1988 – Congress amends CAPTA to include the Children’s Justice Act (CJA)
• 1989 – AZ receives it’s first CJA grant ($180,000 est.) Governor Rose Mofford appoints the first CJ Task Force (CJTF)
History cont.

1996

• Mesa Center Against Family Violence
• Safe Child Center
• Southern Arizona Children’s Advocacy Center
• First Sexual Assault Nurse Examiner (SANE) training takes place in Tucson
• Advocacy Center Network (informal meetings)
• 1999 ACFAN becomes a 501c3
• 21 FAC/CAC through Arizona, Mobile unit, satellite office
Arizona Children’s Advocacy Centers

CAC Locations, Coverage Areas by NCA Membership Status Level, Congressional Districts

60% of Counties (9 of 15) Covered by NCA Member CACs
47% (7) Accredited - 13% (2) Affiliate
The remaining 40% of Counties (6) are Covered by Non-Member CACs/MDTs

Maricopa County is served by 6 centers that cover specific areas:
- Childhelp Children’s Center of Arizona (Accredited - Red) serves the Municipality of Phoenix
- Southwest Family Advocacy Center (Accredited - Red) serves the Municipalities of Avondale, Buckeye, and Goodyear, as well as districts served by the West Valley SVU of the Maricopa County Sheriff’s Office, covering the western portion of the county.
- SRPMIC Family Advocacy Center (Associate/Developing - Blue) serves the Salt River Pima - Maricopa Indian Community
- Glendale Family Advocacy Center (Affiliate - Green) serves the Municipality of Glendale
- Scottsdale Family Advocacy Center (Affiliate - Green) serves the Municipality of Scottsdale
- Mesa Family Advocacy Center (Not a Member of NCA - Yellow) serves the Municipality of Mesa
Arizona Children’s Advocacy Centers
Membership Status, Congressional Districts, Child (Under Age 18) Population by County

National Children’s Alliance
Membership Status
- Accredited Member
- Associate/Developing Member
- Affiliate Member
- Non-Member CAC/MDT

Congressional District

Child Population by County, Age 0 to 17
- <= 20,000
- > 20,000
- > 40,000
- > 60,000
- > 80,000

Phoenix Metropolitan Area

acfan
ARIZONA CHILD & FAMILY ADVOCACY NETWORK
NATIONAL CHILDREN’S ALLIANCE®
17,189 Victims Served in 2018

- Child Sexual Abuse: 5169
- Adult Domestic violence/Strangulation: 4993
- Child Physical Abuse and Neglect: 3628
- Adult Other: 323
- Human Trafficking: 156
- Elder Abuse: 32
- Adult Sexual Assault: 1414
- Child Other crime: 937
- Other: 319

- Adult Other - Sexual Abuse as a Child: 218
Mental health service delivery through CACs is growing

Even in the past two years, CACs have made dramatic strides in offering evidence-based mental health services. But these strides have been the effect of longer-term improvement trends at CACs.
Back in 2009, when Accredited and Associate Member CACs were surveyed about mental health care services, few reported having adequate mental health personnel, and only around half reported delivering mental health services either onsite or through referrals or linkage agreements. Thanks in part to Victims of Crime Act (VOCA) funding made available to CACs through NCA’s federal advocacy efforts, fewer CACs than ever report mental health staffing shortages, and the CAC movement has shown dramatic growth in service delivery, both onsite and through referrals.
We’re improving kids lives (and caregivers too). Here’s proof

Evidence-based treatments (EBTs) have been designed and tested for treatment of child trauma-related symptoms. It’s through the use of those proven techniques that CACs are making a difference in kids’ lives—and helping their caregivers, too.
Evidence-based treatments (EBTs) improve outcomes for children. Below are percentages of children who stopped experiencing these major life problems after receiving EBTs.³
Abuse and other forms of trauma are common.

Nearly half of all U.S. children—some 34 million—have experienced at least one type of childhood trauma, while 16 million have experienced two or more types of trauma.¹

Physical Abuse
Sexual Abuse
Psychological Abuse
Community Violence
Domestic Violence
Bullying
Natural Disaster
Bereavement
Abuse carries a heavy cost.

The lifetime cost for each victim is $210,012

Each year, total lifetime costs of new cases of child abuse reach approximately $124 billion²
Objectives

• ACEs & PCEs
• The Study
• Benefits and Challenges
• Data Usage
THE ACES & PCES
Adverse & Positive Childhood Experience (ACEs and PCEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.

ACEs are negative experiences or events children are exposed to within their family/household. These common stressful or traumatic events affect (neuro) development in children.

PCE’s are factors that increase the likelihood of successful development and are based entirely on secure attachment in early childhood.
Resilience vs Adversity

PCEs

As the child grows, exposure to spoken language and having the presence of safe, stable, nurturing relationships and environments are important factors for optimal development.

ACEs

Children with ACEs are at risk for observable changes in brain anatomy, gene expression, and delays in social, emotional, physical, and cognitive development lasting into adulthood.
The ACE & PCE Study

- Strong relationship between childhood adverse events and reduced health and well-being throughout life
  - If one ACE exists there is an 87% likelihood that there is more than one ACE
  - Dose response
    - The higher the ACE score, the worse the outcome

- 6 or 7 PCE’s
  - 72% less likelihood of depression

- 3-5 PCE’s
  - 50% less risk of depression
Negative Health Outcomes

- Traumatic Brain Injury
- Fractures
- Burns
- Depression
- Anxiety
- Suicide
- PTSD
- Unintended pregnancy
- Pregnancy complications
- Fetal death
- HIV
- STDs
- Cancer
- Diabetes
- Alcohol & Drug Abuse
- Unsafe Sex
- Risky Behaviors
- Opportunities
- Education
- Occupation
- Income

Adverse Childhood Experiences
ACEs in AZ Adults
Prevalence of Adverse Childhood Events (ACEs)

9% Sexual Abuse- Anyone at least 5 years older than them or an adult ever touch them sexually, tried to touch them or forced to them have sex at least once

9% Incarcerated Household Member- Lived with anyone who served time or was sentenced to serve time in prison, jail or other correctional facility

12% Drug use in household- Lived with anyone who used illegal street drugs or abused prescription medication

15% Mental Illness among adults- Lived with anyone who was depressed, mentally ill or suicidal

15% Violence between Adults- Parents or adults in their home ever slap, hit, kick, punch or beat each other up at least once

16% Physical abuse- Parent or adult in the home hit, beat, kick or physically hurt them at least once (Spanking not included)

22% Drinking problem in household- Lived with anyone who was a problem drinker or alcoholic

26% Parent separation/divorce- Parents separated or divorced

32% Verbal Abuse- Parent or adult in the home ever swear at them, insult them or put them down at least once

Arizona Children, 0 – 17

- At least 1 ACE – 23 %
- 2 or more – 27 % (National average - 22 %)
- 3 or more – 18 %
- Ethnic minority children have disproportionately higher share of 6+ ACEs
- Estimated 69,213 have 5+ ACEs
# Childhelp Non-offending Parents/CG’s

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>National</th>
<th>Arizona</th>
<th>Childhelp</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>38.5%</td>
<td>52%</td>
<td>6.7%**</td>
</tr>
<tr>
<td>1</td>
<td>23.5%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>2</td>
<td>13.4%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>3</td>
<td>8.8%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>4 or More</td>
<td>15.8%</td>
<td>Not Collected</td>
<td>53.3%*</td>
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</table>

<table>
<thead>
<tr>
<th>ACE</th>
<th>National</th>
<th>Arizona</th>
<th>Childhelp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
<td>34.4%</td>
<td>35%</td>
<td>54.8%**</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>17.9%</td>
<td>19%</td>
<td>32.2%**</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>11.6%</td>
<td>12%</td>
<td>35.5%**</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>Not Available</td>
<td>Not Available</td>
<td>32.3%</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>Not Available</td>
<td>Not Available</td>
<td>45.2%</td>
</tr>
<tr>
<td>Parental Divorce/Separation</td>
<td>27.6%</td>
<td>30%</td>
<td>61.3%**</td>
</tr>
<tr>
<td>Mother Treated Violently</td>
<td>17.5%</td>
<td>19%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>27.6%</td>
<td>12%</td>
<td>38.7%* (AZ only)</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>16.5%</td>
<td>16%</td>
<td>38.7%**</td>
</tr>
<tr>
<td>Familial Incarceration</td>
<td>7.9%</td>
<td>9%</td>
<td>32.3%**</td>
</tr>
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</table>
THE STUDY
Collecting ACEs at the Advocacy Centers

- Higher Risk Population than general public
- Higher average ACE score
- Inform our procedures and services
- Helps us gain buy-in from the population we serve
- Create targeted referrals and resources in our victim advocacy program
- Screen for risks for future problems and challenges
Design

• Adults: Self/Family members/Caregivers
  – Complete the Adult ACEs questionnaire while they or their child is being seen at the center
  – Adult focused resilience questions (PCEs)
  – Complete the questionnaire during an advocacy appointment for resources and referrals
  – Use the score and the data to help the adults understand their own risks, needs, and strengths

• Data is used to
  – Screen for specificity in the referral process
  – Document the level of Risk and Resiliency Factors
  – Communicate with victims/caregivers the importance of seeking holistic services
Outcomes: Immediate Goals

- Communicate with our population how important it is to get help so that we stop the tide and heal
- Tailor our resources and referrals to their specific needs
- Warm-Hand Offs
- Connect with all local community Partners to create opportunities
- IMPROVE OUTCOMES😊
Data Use

Long-term goals

• Funding
• Policy
• Legislation
• Publication
The Administration Process

• This will be unique to many of the sites as each site runs their advocacy/referral & resource appointments differently
• During VA introduction and consent process, they mention the ACEs and PCE as a method to assess the needs and strengths
• During the VA session, they discuss Resiliency and ACEs, identify why it is important to discuss these items, and how it will help us do a better job with identifying and linking them to needs
• Then gain consent for research (Still DO ACE/PCE even if they don’t consent to research if they want to)
Data

• No Identifying information will be collected
• If agencies want to opt out of reporting, that is fine
• The data will get reported to each agency individually
  – If the agency chooses, the data will be added to the aggregate
  – The agency can chooses if they do not want their data to be part of the final publications
## DATA OUTPUT

- Monthly & the end of the year:

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Your Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Percentage of folks with this score</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
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<table>
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<tr>
<th>ACE</th>
<th>Your Site</th>
</tr>
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<tbody>
<tr>
<td>Types of ACEs</td>
<td>Percentage of folks that said yes</td>
</tr>
</tbody>
</table>

- You will receive the information for the folks who said yes (i.e., gave consent) for their information to be used
APPLICATION
WHAT THE HECK ARE WE SUPPOSED TO DO???
Using ACEs to assess needs in parents/CG’s: Ghosts in the Nursery

A Good Enough Parent understands how their own history impacts how they parent

• particularly if that history includes trauma or a significant number of adverse childhood experiences

Parenthood can resurrect complex feelings affecting how parents react to our children

• An awareness of their own score can help parents understand the root of their behavior
• This enables them to seek help
Using ACEs to assess needs in Adult Victims

- The most important thing to remember is that the ACE score is meant as a guideline: If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

- Research on kids’ brains found that toxic stress physically damages a child’s developing brain.

- Fortunately, brains and lives are somewhat plastic - asking for help, developing trusting relationships, forming a positive attitude, listening to feelings — can help decrease the risk associated with ACEs.
Explaining the ACEs & Resilience

• The ACE score is meant as guidance.

• **ACE scores don’t tally the positive experiences**

• “There are people with high ACE scores who do remarkably well” - [Jack Shonkoff](https://www.hsph.harvard.edu/children-developing-child), Center on the Developing Child at Harvard University

• Resilience builds throughout life – IT IS ON-GOING

• Close relationships are key
Explaining the ACE

- Use handouts to explain what the ACEs are and how it impacts them.
- An ACE is something significant and scary that happens to us in childhood that has long-lasting impacts on our well-being (physical and mental health).
Explaining Resilience

- Protective factors and resilience factors decrease the impact of negative childhood events have on you and your kids

- What are your resilience factors?

- What are your kids?
The Scores

• ACEs
  – 3 or less - Mild risk for
    • Health issues
    • Emotional challenges
  – 4 or more - Moderate to high risk for
    • Poor physical health
    • Relationship troubles
    • Parenting challenges
    • Occupational successes

• Resilience
  – The more the better
  – Let’s boost resilience
How to treat ACEs for Parents

• Seek Support

• Get Psychoeducation on how trauma affects kids

• Seek therapy for your own ACEs

• Find and keep healthy relationships

• Meditation, Mindfulness, Guided Imagery
How to treat ACEs for Adult Victims

- Begin writing to heal
- Practice mindfulness meditation
- Yoga
- Therapy
- Rally community healing
- Identify what you can change in your life for the better